

Derman, Barbara (DHHS)

From: Thomas Lang <ra-operations@comcast.net>
Sent: Tuesday, August 15, 2017 2:32 PM
To: Derman, Barbara (DHHS)
Subject: Re: MI 3rd Quarter Report
Attachments: MI SM Checklist FY 16-17.pdf

Yes. I've attached it here.

Thank you!
Tom

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Tuesday, August 15, 2017 at 2:20 PM
To: Thomas Lang <ra-operations@comcast.net>
Subject: RE: MI 3rd Quarter Report

Great! Thanks. Do you have an update to your 2016 tool

Barbara (Quess) Derman, MSW
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From: Thomas Lang [<mailto:ra-operations@comcast.net>]
Sent: Tuesday, August 15, 2017 1:25 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: MI 3rd Quarter Report

Quess -

I've attached our 3rd Quarter Report.

Please let me know if you have any questions.

Thanks!

Tom

REAL ALTERNATIVES MDHHS Grant #20142043

Michigan Pregnancy and Parenting Support Services Program

SERVICE PROVIDER SITE MONITORING CHECKLIST FY 2016-2017

Service Provider: _____
Site Name & #: _____
Site Address: _____
County/Service Area: _____
Date of Site Monitoring: _____

Real Alternatives
Michigan Pregnancy and Parenting
Support Services Program

Site Monitoring Checklist

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REAL ALTERNATIVES
Michigan Pregnancy and Parenting Support Services Program

SERVICE PROVIDER SITE MONITORING

I. INTRODUCTION

An annual review of Service Provider facilities and procedures is required by the MI Department of Health and Human Services ("MDHHS") to ensure continued compliance with the terms of the Service Provider Agreement with Real Alternatives. It also provides an opportunity to exchange ideas, recommendations and program planning with the Site Monitor on ways to improve client services in the State of Michigan. The final report becomes public record upon submission to MDHHS, and is an opportunity to emphasize the successes and unique strengths of each Service Provider site.

References to the current Real Alternatives Service Provider Agreement are noted in bold print throughout this checklist. If this site does not comply with any of the terms set forth in the Service Provider Agreement with Real Alternatives, deficiencies will be noted, and a corrective action plan must be implemented. Some deficiencies relating to errors with the Client Verification Form, clearances, and incorrect or improper billing methods may result in loss of reimbursement. There may be other issues that will require follow-up, but may not be deficiencies or contract violations. The Site Monitor will provide the necessary technical support to help you follow up on issues or correct any deficiencies. Please feel free to contact the Site Monitor should you have any questions. The Site Monitor is always available to provide help and support to your site.

II. SITE MONITORING OUTLINE

Please take the time to review this checklist in preparation for the site monitoring to assist in making it run more efficiently. Please contact the Site Monitor in advance, if there are questions about the checklist or the process. Please have the following materials readily available for review. Please note that this list is not meant to be exhaustive. The purpose is to provide you with a general idea of the kinds of materials that will be reviewed. (*indicates that a complete copy needs to be provided to the Site Monitor to take back to the Real Alternatives office).

1. Current Real Alternatives Service Provider Agreement & Modifications
2. Licenses / certifications (professional, facility, or individual)
3. *Policies and procedures manuals and materials/employee manual
4. *(Non-degreed) Counselor Training Plan, training curriculum and materials
5. Corporate Bylaws and Mission Statement
6. Corporate Articles of Incorporation and Amendments
7. 501(c)(3) Certification
8. *Current list of Board of Directors
9. Statistics showing total clients served
10. Confidentiality Policy, including release of information forms
11. *Non-Discrimination Policy
12. Limited English Proficiency (LEP) Policy

13. *Sexual Harassment Policy
14. *Spiritual Issues Policy
15. *Abortion & Contraception Policy
16. *Blank Client Intake sheets/forms;
17. Internal client paperwork
18. Client files for the MI Pregnancy and Parenting Support Services Program
19. Required clearances for staff and volunteers – provide the current copies of each, as well as the ones immediately before those, if any, for review.
(NOTE: Everyone associated with your organization who has contact with clients, even if not billing under this Program, are required to have current Clearances that are updated annually with no lapses in between.)

III. SITE MONITORING PROCESS

There are several phases of the site monitoring process. Typically, the first step is the **Interview** portion, which is a time to review Policy and Procedure Manuals, corporate documents, discuss policy issues, program operations, client service issues and staff/volunteer training. The second portion of the Site Monitoring involves a **Physical Inspection** of the facility, during which counseling areas, waiting area, lavatories, and fire safety issues are checked. In addition, literature may be scanned, and certain items are checked to see if they are posted for easy client or staff reference. And, usually the concluding stage of the process is a review of **Client Files** for those clients involved with our Program. These files are usually kept separate from other client files to allow for easy reference, and are more quickly reviewed when they are also filed according to the fiscal year. A computer-generated random sampling of certain Client Verification Forms will be conducted, as well as Services Rendered Forms that correspond to certain dates of service. Any Spiritual Counseling Request Forms will also be reviewed on-site. After the files to be reviewed are assembled by the Service Provider staff, THIS PORTION OF THE REVIEW IS TO BE CONDUCTED PRIVATELY BY THE SITE MONITOR WITH NO SERVICE PROVIDER STAFF PARTICIPATING.

Please allow a minimum of four (4) hours for the entire site monitoring. Please also plan to have staff available for the first two portions of the site monitoring who have been involved with the program long enough to participate fully to make this a productive and efficient site monitoring. Every effort will be made to meet personally with the designated site director or program manager, however, if that individual is not available on the day of the site monitoring, efforts should be made to make this checklist and the appropriate answers available to the assigned representative for the day. If management designates another individual to oversee the process, the key paperwork and manuals must be made available for physical review on the day of the site monitoring; if the agency has a separate Human Resource department, key personnel information such as diplomas or clearance copies must also be available for physical review on the day of the site monitoring.

A. SECTION I - CORPORATE ADMINISTRATION

1. CORPORATE RECORDS

Please make the following documents available for review. If changes have been made to any of them since October 1, 2016, copies of the revised documents must be sub-mitted to the Site Monitor at the site monitoring.

Mission Statement	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)
Articles of Incorporation	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)
By-Laws	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)
Non-profit, 501(c)(3) status	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)

2. PROGRAM RECORDS

Years of operation for this site: _____

Fiscal year: ☐January 1 – December 31, or
☐July 1 – June 30

Is a copy of the current Service Provider Agreement with Real Alternatives on site?
(Please provide a complete copy of Agreement for review; modification or signature pages alone are not sufficient; must be kept on-site for staff reference.)

☐Yes ☐No Comment _____

Does your company have an organizational chart? (Provide for review.)

☐Yes ☐No Comment _____

Do volunteers/staff members receive a job description?

☐Yes ☐No Comment _____

Do employees sign a statement of faith?

☐Yes ☐No Comment _____

(If yes- review statement of faith, inquire about those who will not sign, and view statement of proof that they claim the Title VII exemption)

Are minutes of the Service Provider's Board of Directors' meetings on file at the administrative office?

☐Yes ☐No Comment _____

Does your organization, or any director, officer, manager or key employee have a financial interest in any other Service Provider organization, in any other Service Provider's site, or in any supplier providing services, labor, or material in this program?

☐Yes ☐No Comment _____

3. POLICIES:

EACH FISCAL YEAR, KINDLY PROVIDE REAL ALTERNATIVES WITH A CURRENT COPY OF THE FOLLOWING MATERIALS: (Indicated with an * below.)

*Policy & Procedure Manual; Personnel policies/ ☐Y ☐N
employee manual; may require more than one
manual depending on how agency information
is organized. (complete duplicate copy needed)

Do employees sign a written statement indicating ☐Y ☐N
receipt, understanding and agreement regarding
these key policies, especially Confidentiality?
(Rider 4, ¶VIII; Rider 5, ¶B)

*(Non-degreed) Counselor Training Plan ☐Y ☐N
(training curriculum and materials)

*Current list of Board of Directors ☐Y ☐N

*Non-Discrimination Policy (Rider 4, ¶II, F) ☐Y ☐N
(Client Services, Employee Hiring)

*Sexual Harassment Policy ☐Y ☐N

*Spiritual Issues Policy (Rider 2, ¶11) ☐Y ☐N

*Abortion/Contraception Policy (Rider 2, ¶5) ☐Y ☐N

*Blank Client Intake sheets/forms ☐Y ☐N

4. CONFIDENTIALITY

Does your organization's Confidentiality Policy include: (Rider 4, ¶VIII; Rider 5, ¶B)
Definitions of confidential communications, observations and information?

☐Yes ☐No

Maintenance & Access of Records?

☐Yes ☐No

Retention and Destruction of records?

☐Yes ☐No

If not included in the Policy itself, are there Confidentiality Policy materials that include
the exceptions for release of information that do not require client's written consent?

Suspicion of impending suicide by the client ☐Yes ☐No ☐N/A

Suspicion of impending homicide by the client ☐Yes ☐No ☐N/A

Suspicion of client engaging in child abuse and
calling child protective services ☐Yes ☐No ☐N/A

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How are counselors trained regarding these exceptions? _____

Is there a *Standard Release of Information Form* for clients to sign when information is to be released to another service provider? (Please provide a sample)

☐Yes ☐No Comment: _____

5. SITE PERSONNEL INFORMATION/ STAFF TRAINING:

Pregnancy Counseling Staff/Volunteers: (Anyone who sees clients and who may bill for services must have a Counselor Certification Statement on file at Real Alternatives)

☐Paid Full time _____ ☐Interns _____ ☐Paid Consultants _____
☐Paid Part time _____ ☐Volunteers _____

Is counselor training provided for new volunteers/staff? (list topics, # of hours; are specific pregnancy counseling skills covered)

☐Yes ☐No Comment _____

Are counselor training materials provided to each non-degreed new staff/volunteer before they provide pregnancy counseling to clients?

☐Yes ☐No ☐N/A (No non-degreed staff) Comment _____

Does your organization provide ongoing volunteer and/or staff training/development regardless of degree status?

☐Yes ☐No Comment: _____

What kinds of ongoing on-site or off-site training opportunities are provided?

How are training needs assessed? (Weekly supervision, performance eval. etc.)

6. STAFF & VOLUNTEERS CLEARANCES: Produce for review the current copies of the required criminal records check and child abuse check Clearances, as well as the ones immediately before those, if any, for review. **NOTE: Everyone associated with your organization who has contact with clients, even if not billing under this Program, are required to have current Clearances that are updated annually with no lapses in between.**

For this fiscal year, have all staff & volunteers who have direct access to Program clients obtained both criminal records check and child abuse check Clearances within the last 12 months? (Rider 5, ¶K)

☐Yes Number of staff/volunteers _____ Number reviewed _____
☐No

Have there been any lapses in Clearances for any staff or volunteer?

☐Yes ☐No Comment _____

7. CLIENT SERVICES

Client Data: **Please calculate these figures prior to the site monitoring taking place**

Total number of clients served in the last year at this site: _____

Total number of Program-eligible clients served: _____

Total number of Non-Program eligible clients served: _____

How are clients advised of your organization's confidentiality policy?

☐ Verbal Comment: _____

☐ Written Comment: _____

How are clients informed about the site's available services, and other available services?

☐ Verbal Comment: _____

☐ Written Comment: _____

Does your organization charge clients any fee for Program services? (Rider 3, ¶4)

☐ Yes ☐ No Comment _____

In addition to what is on the Client Verification Forms, does your organization have an internal grievance policy that provides clients with a way to address concerns about services? How is the policy conveyed to clients?

☐ Yes ☐ No Comment _____

8. SPIRITUAL COUNSELING ISSUES

Materials Review

Are there any materials at the site, either on display or in counseling offices that have religious content?

☐ Yes ☐ No Comment _____

Are such materials kept separately and clearly marked "Religious," "Spiritual," or something similar?

☐ Yes ☐ No ☐ N/A Comment _____

Are clients completely free to decide whether to choose or receive these materials?

☐ Yes ☐ No ☐ N/A Comment _____

Counseling Issues

Aside from initially assessing clients' spiritual needs, does your site provide any services to directly meet clients' spiritual needs?

☐ Yes ☐ No Comment _____

If yes, describe: _____

Do your counselors engage in or permit any religious and/or spiritual activities to take place with Program eligible clients during Program services?

☐Yes ☐No

Comment _____

Do your counselors refer clients to other religious and/or spiritual resources when a client requests it?

☐Yes ☐No

Comment: _____

If a client accepts an invitation for spiritual counseling or to participate in religious activities that your site provides, does a **different** counselor other than the one who has been providing the client with government-funded Program services conduct or participate in the spiritual counseling or religious activities?

☐Yes ☐No ☐N/A

Comment _____

Do the spiritual counseling or religious activities that are conducted by or participated in by the Service Provider occur after the Program services have ended?

☐Yes ☐No ☐N/A

Comment _____

Other Comments re: Spiritual Counseling Issues:

9. ADOPTION POLICY (Rider 2, ¶13)

When a client receives counseling during a crisis pregnancy and decides to pursue an adoption plan, does the client receive adoption planning assistance from a person other than the counselor(s) who supported the client before the client decided to pursue an adoption plan?

☐Yes ☐No ☐N/A

Comment _____

10. PRO-LIFE REFERRAL SOURCES (Rider 2, ¶7-9)

Does your site maintain the required referral source list? ☐Yes ☐No

Do you verify that all of the listed referral sources are pro-life? ☐Yes ☐No

What method did you employ to verify that all of the listed referral sources are pro-life?

When was the last time your site verified that your referral source list is pro-life?

B. SECTION II - PROGRAM PROFILE

1. COUNSELING AND REFERRALS

Which counseling, referrals, or classes does the site provide? (Rider 2, ¶1)
 (PLEASE COMPLETE THIS CHART PRIOR TO THE SITE MONITORING)

C=Counseling Provided R=Referral Provided P=Provided CP=Class Provided

Abstinence/Chastity/STD Education	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Abortion Risks & Info.	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Abuse (Emotional, Physical, Sexual)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Adoption Education	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Anger Management	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Breastfeeding	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Childbirth Education	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Child Care	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Clothing		<input type="checkbox"/> R	<input type="checkbox"/> P	
Decision-Making	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Depression (Assessment only)	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Drug/Alcohol (Assessment only)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Education	<input type="checkbox"/> C	<input type="checkbox"/> R		
Family Support (Family Member/Legal Guardian of Eligible Client)	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Financial	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Food		<input type="checkbox"/> R	<input type="checkbox"/> P	
Furniture		<input type="checkbox"/> R	<input type="checkbox"/> P	
Grief (SIDS, Miscarriage, Adoption)	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Housing	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	
Intake/Initial Counseling/Assessment of Needs	<input type="checkbox"/> C			
Job	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Legal	<input type="checkbox"/> C	<input type="checkbox"/> R		
Life Skills	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Medical/Health	<input type="checkbox"/> C	<input type="checkbox"/> R		
Mental Health (Assessment only)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Nutrition	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Parenting Education	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Post Delivery Stress	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Pregnancy (may include fetal development)	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Relationship	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
SIDS/Miscarriage Info.	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Spiritual (Assessment Only)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Spiritual Counseling / Activities	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Stress Management	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP

Special Programs or Comments: _____

2. REFERRALS

Indicate top three (3) referral sources to site's pregnancy support program:

- | | | | |
|---------------------|-------|----------------------|-------|
| A. Clergy | _____ | H. School/University | _____ |
| B. Billboards | _____ | I. Self-Referrals | _____ |
| C. Brochures | _____ | J. Website | _____ |
| D. Family/Friends | _____ | K. WIC/Public Assist | _____ |
| E. Medical provider | _____ | L. Yellow pages | _____ |
| F. Newspaper | _____ | M. 1-888-LIFE AID | _____ |
| G. Radio ad | _____ | N. Other/Community | _____ |

Indicate the top three (3) organizations to which clients are referred:

- 1.
- 2.
- 3.

3. COMMUNITY OUTREACH

What community agencies, organizations, schools, etc., have you contacted in the last twelve (12) months specifically to inform them of the services that your organization can offer to clients through the Michigan Pregnancy and Parenting Support Services Program?

Are all of your local school nurses, area colleges, and municipal health offices aware of the services that your organization can offer to clients through the Michigan Pregnancy and Parenting Support Services Program? ☐Yes ☐No

Do local agencies know that all services are free, including free pregnancy testing?

☐Yes ☐No

4. PREGNANCY TESTING (Rider 2, ¶4)

Are only client self-administered pregnancy test kits provided?

☐Yes ☐No Name of pregnancy test kit used: _____

What are the pregnancy test procedures? _____

Is the pregnancy testing done in a confidential manner?

☐Yes ☐No Comment _____

Do clients sign a "Pregnancy Test Release" prior to performing test?

☐Yes ☐No Comment _____

Are the manufacturer's instructions explained and made available to the client?

☐Yes ☐No Comment _____

5. EDUCATIONAL MATERIAL

Are educational materials provided by Real Alternatives used at site?

☐Yes ☐No Comment _____

Who decides what educational materials that the client receives?

☐Client ☐Counselor Comment _____

Do clients receive other appropriate materials not provided by Real Alternatives on topics/resources in which they have an interest?

☐Yes ☐No Comment _____

Who decides what materials are allowed to be displayed or provided to clients?

6. CERTIFICATIONS

If your organization is affiliated with, accredited by, or has a formal partnership with other organizations, please list them: Ex: Heartbeat, United Way, NIFLA, Council on Accreditation, Care Net, etc.

If this site holds childbirth classes, does a **certified** childbirth instructor teach those classes? If **"yes,"** please provide a copy of instructor's current certification card or other proof of certification. (A Nursing License alone is not sufficient.)

☐Yes ☐No ☐N/A

If adoption services are provided, is your organization licensed to provide those services? If **"yes,"** please provide a copy of the license.

☐Yes ☐No ☐N/A

If medical, legal, or drug/alcohol services are provided (beyond assessment of those topics), are counselors certified or licensed to deliver those services? If **"yes,"** please provide copies of the certifications.

☐Yes ☐No ☐N/A

If this site provides housing to minors (maternity residence), is it a licensed facility? If **"yes,"** please provide a copy of the license.

☐Yes ☐No ☐N/A

Does your site perform sonograms? (Rider 2, ¶12)

☐Yes ☐No Comment _____

C. SECTION III - FACILITY

1. COUNSELING ROOMS and other areas used by client

Confidential Setting (Rider 5, ¶B)

☐Yes ☐No Comment _____

Are there any concerns with any materials displayed?

☐Yes ☐No Comment _____

Comfortable and Clean

☐Yes ☐No Comment _____

Handicapped Accessible – in compliance with Americans with Disabilities Act (ADA)?
(Rider 4, ¶F.2.c.)

☐Yes ☐No Reasonable Accommodation _____

2. OFFICE AREAS

Adequate, locked, file cabinets

☐Yes ☐No Comment _____

Are client records kept in a locked file cabinet? (Rider 5, ¶B, Rider 2, ¶16)

☐Yes ☐No Comment _____

Are client records from past contracts with Real Alternatives kept in a secured area for
five (5) years after the expiration of the contract? (Rider 2, ¶17)

☐Yes ☐No Comment _____

If any site (office) within your Service Provider organization closed within the last twelve
(12) months please indicate where the client records from that location are now securely
maintained. **You may need to contact your Admin Office to answer this question
prior to the Site Monitoring.**

Location: _____

3. LAVATORIES

Public or Private (circle one) Comment _____

Handicapped Accessible – in compliance with ADA? (Rider 4, ¶F.2.c.)

☐Yes ☐No Reasonable Accommodation _____

Is lavatory clean; are cleaners & gloves available for disinfecting of hands and surfaces?

☐Yes ☐No Comment _____

4. SAFETY

Are readily observable exit signs present?

☐Yes ☐No Comment_____

Fire Safety

Is your site in compliance with the required fire safety code?

☐Yes ☐No Comment_____

Has fire extinguisher been inspected within last 12 months; commercial (kitchen) models charged?

☐Yes ☐No Month/Year of Last Inspection_____/_____

Does the site have functioning smoke detectors?

☐Yes ☐No Comment_____

Are readily observable No-Smoking signs present? (Rider 4, ¶II.H.2.)

☐Yes ☐No Comment_____

Is Material Safety Data Sheet (MSDS) information readily available to **staff** for any chemical products used at this site? (Rider 4, ¶II.K.)

☐Yes ☐No ☐N/A Comment_____

5. PANTRY/STORAGE

Is there an on-site pantry?

☐Yes ☐No

Organized, adequate space?

☐Yes ☐No ☐N/A Comment_____

Does the area appear to be clean and in good repair?

☐Yes ☐No ☐N/A Comment_____

Special Comments re: Physical Facility:_____

D. SECTION IV - COMPLIANCE WORKSHEETS

1. Reimbursement Compliance Worksheets - These worksheets are attached immediately following this section in order to inspect the randomly selected Client Verification Forms (CVFs) specific to the site being monitored. Services Rendered Forms (SRFs) will be compared to confirm fiscal accountability for those dates of service for which the Service Provider had previously been reimbursed. Upon review of the randomly selected current fiscal year's CVFs, the forms listed on the *Client Verification Form Compliance Worksheet* of this report indicate non-compliance. Those Client Confidential Numbers (CCNs) and Dates of Service that are listed do not have client signatures and/or dates to properly verify client eligibility, therefore deductions to the Service Provider's invoice are necessary, and will be noted. The following will be reviewed for each randomly selected CVF:

1. If information on the CVF has changed, that the old CVF has been stapled to the updated CVF, and the CCN was copied correctly.
2. That the demographic and eligibility information been completed for all Client Verification Forms.
3. That all CVFs been properly signed and dated by the client.

2. Spiritual Counseling Request Forms - All forms will be reviewed that have been completed by clients who have requested to participate in a spiritual counseling program activity, Post-abortion Counseling program, or Bible Study; corresponding Services Rendered Forms will also be reviewed.

Does your filing system clearly distinguish between the Spiritual Counseling client files and other client files?

☐Yes ☐No ☐N/A System used _____

Are the request forms complete and signed by both client and counselor?

☐Yes ☐No, refer to the worksheet page of this report ☐N/A

Have any Services Rendered Forms (SRFs) been submitted with the box checked next to, "Client signed Spiritual Counseling Request Form?"

☐Yes ☐No

If yes, were Spiritual Counseling Request Forms completed for those clients?

☐Yes ☐No ☐N/A Comment _____

Were any Services Rendered Forms (SRF) submitted for clients by spiritual counselors?

☐Yes, refer to the worksheet page of this report ☐No

Does the site appear to substantially comply with the provisions of the Agreement regarding reimbursement for services to eligible clients? (**Service Prov. Agrmt, ¶2**)

☐Yes ☐No Comment: _____

[illegible]

[illegible]

Did Site Monitor review the Service Provider's:

Website? ☐ Yes ☐ No ☐ N/A

Yellow page ad? ☐ Yes ☐ No ☐ N/A

Any changes to business hours or after-hours phone number of site? ☐ Yes ☐ No

Comment: _____

Any program changes that would affect the 1-888-LIFE AID hotline? _____ Yes _____ No

Comment: _____

Any significant training or program issues to address in follow-up w/ this site? (Discuss with Real Alternatives' Vice President of Operations)

 Yes No

Comment: _____

[illegible]

Did Site Monitor take pictures at this site? _____ Yes _____ No

If staff or client is in photo, was photo release form signed? Yes No N/A

F. SECTION VI - SITE MONITORING - CORRECTIVE ACTION PLAN

Service Provider: _____

Site Name & Site #: _____

Date of Site Monitoring: _____

Deficiencies Noted Below:

____ N/A; NO DEFICIENCIES

1. _____

2. _____

3. _____

4. _____

5. _____

Recommended Corrective Action:

1. _____

2. _____

3. _____

4. _____

5. _____

There are missing documents or information requested to finish the site monitoring process. Please follow-up within 3 days of the date of the site monitoring; failure to do so may result in a deficiency being reported:

1. _____

2. _____

3. _____

Corrective Action must be completed by this date: _____

(Signatures needed below only if Corrective Action required):

Site Monitor Signature: _____

Service Provider Representative Signature: _____

IV. – SIGNATURE SECTION

Signature below indicates participation in this site monitoring process, and an understanding of all issues covered.

REAL ALTERNATIVES Site Monitor:

FIRST MI LAST
(PLEASE PRINT)
SIGNATURE _____ DATE _____

Program Contact Person at This Service Provider's Site:

FIRST MI LAST TITLE
(PLEASE PRINT)
SIGNATURE _____ DATE _____

Additional Representative/Observer:

FIRST MI LAST TITLE
(PLEASE PRINT)
SIGNATURE _____ DATE _____

Other Participant Signatures:

Derman, Barbara (DHHS)

From: Thomas Lang <ra-operations@comcast.net>
Sent: Tuesday, August 01, 2017 5:41 PM
To: Derman, Barbara (DHHS)
Subject: Re: Site Monitoring

I'll get it to you as soon as it is ready.

Thank you!
Tom

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Tuesday, August 1, 2017 at 11:54 AM
To: Thomas Lang <ra-operations@comcast.net>
Subject: RE: Site Monitoring

Hi Tom,
Have you updated your site review tool? Would you share it if you have. Thanks

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Thomas Lang [<mailto:ra-operations@comcast.net>]
Sent: Friday, July 28, 2017 4:39 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: Re: Site Monitoring
Importance: High

Quess -

Due to speakers' schedules, we had to move the Conference to Thursday, September 7, 2017. Therefore, I had to move the Site Monitoring to Women's Care Center in Niles on Wednesday, September 6, 2017.

Might flight in to South Bend is scheduled to land at 9:39 am. I'll get my luggage and rental car and head directly to Women's Care Center, 621 E. Main Street, Niles, MI 49120. It's about a 20 minute drive from the airport to Niles, so let's plan on the Site Monitoring starting at 11:00 am. If the flight is late or if something else comes up to delay me, I'll call you on your cell.

Thank you!
Tom

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Tuesday, July 18, 2017 at 4:55 PM
To: Thomas Lang <ra-operations@comcast.net>
Subject: RE: Site Monitoring

Niles is fine as well. I'm used to traveling all over the state for site monitoring visits.

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Thomas Lang [<mailto:ra-operations@comcast.net>]
Sent: Friday, July 14, 2017 5:53 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: Re: Site Monitoring

Just an FYI – Another option in the running is to instead do the Site Monitoring in Niles, MI. It depends upon the costs of flying into Kalamazoo or South Bend. Would Niles, MI be too far away for you?

From: Thomas Lang <ra-operations@comcast.net>
Date: Friday, July 14, 2017 at 2:30 PM
To: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Subject: Site Monitoring

Quess -

I would like to conduct the Site Monitoring of Catholic Charities/Kalamazoo on **September 7, 2017, IF** the Service Provider is available and **IF** all of my travel arrangements will work out so that this can happen!

Many different pieces to this puzzle have to fall in to place, but I'm confident that I can pull it off.

This would coincide with our second Service Providers Conference and Awards Luncheon the following day in Shipshewanna, IN. Hopefully you will be able to attend this year!

I'm going ahead with my travel planning this afternoon, so I will confirm the time of the Site Monitoring with you after I know myself.

Thank you!
Tom

Derman, Barbara (DHHS)

From: Thomas Lang <ra-operations@comcast.net>
Sent: Tuesday, August 15, 2017 1:25 PM
To: Derman, Barbara (DHHS)
Subject: MI 3rd Quarter Report
Attachments: MI 3rd Qtr 16-17 FINAL.pdf

Quess -

I've attached our 3rd Quarter Report.

Please let me know if you have any questions.

Thanks!

Tom

From: Thomas Lang [<mailto:ra-operations@comcast.net>]

Sent: Tuesday, August 15, 2017 1:25 PM

To: Derman, Barbara (DHHS) <DermanB@michigan.gov>

Subject: MI 3rd Quarter Report

Quess -

I've attached our 3rd Quarter Report.

Please let me know if you have any questions.

Thanks!

Tom



Quarterly Status Report

April 1, 2017 to June 31, 2017

**Michigan Pregnancy and Parenting
Support Services Program**

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I. Quarterly Administrative Report

MI Significant Project Status

April 1, 2017 to June 30, 2017

Program Rollout

-Since the inception of the Program on October 1, 2013, our Program Service Providers have provided pregnancy and parenting support services to a total of 4,650 clients, at 17,992 visits!

-Of the total 4,650 clients 2,909 Pregnant clients visited at 12,437 appointments, 1,270 Parent of Child clients visited at 4,881 appointments, and 471 Non-Pregnant clients visited at 674 appointments.

Program Advertising

Google advertising campaign started March 1, 2017 generated 7,297 clicks from 270,935 impressions during the third quarter.

Program Support

Each Service Provider site received two educational DVDs to use for client support/education. *Big Belly Mom Hacks* and *The Emotions of Pregnancy* were mailed directly to every site by the vendor for immediate use by counselors.

1-888-LIFE-AID Toll-Free Hotline

Forty-seven hotline calls were received during this quarter.

Site Monitoring Reviews

There are none to report this quarter.

Initial Site Visits

There are none to report this quarter.

Site Relocation

There are no site relocations this quarter.

A. Significant Project Status

MI Significant Project Status

April 1, 2017 to June 30, 2017

Program Rollout

-Since the inception of the Program on October 1, 2013, our Program Service Providers have provided pregnancy and parenting support services to a total of 4,650 clients, at 17,992 visits!

-Of the total 4,650 clients 2,909 Pregnant clients visited at 12,437 appointments, 1,270 Parent of Child clients visited at 4,881 appointments, and 471 Non-Pregnant clients visited at 674 appointments.

Program Support

Each Service Provider site received two educational DVDs to use for client support/education. *Big Belly Mom Hacks* and *The Emotions of Pregnancy* were mailed directly to every site by the vendor for immediate use by counselors.

1-888-LIFE-AID Toll-Free Hotline

Forty-seven hotline calls were received during this quarter.

Site Monitoring Reviews

There are none to report this quarter.

Initial Site Visits

There are none to report this quarter.

Site Relocation

There are no site relocations this quarter.

B. Service Provider Site Monitoring and Site Visit Reports

No Site Monitoring or Site Visit Reports for the 3rd Quarter

**C. Total Grant Funds Expended
Administrative Activities**

**The Michigan Pregnancy and Parenting Support Services Program Expended on
Grantee's Administrative Activities
October, 2013 - September, 2017**

YTD from Sep-16 \$ 155,963.30

October-16	4,609.38
November-16	3,384.16
December-16	4,716.91
January-17	7,743.62
February-17	4,645.64
March-17	2,815.57
April-17	3,185.42
May-17	5,727.85
June-17	6,820.72
July-17	-
August-17	-
September-17	-
	<u>\$ 199,612.57</u>

II. Quarterly Statistical Report Total Services

A. Clients by Age

- **Total**
- **Client Type**
- **Race and Client Type**
- **Ethnicity**

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age**All Sites****4/1/2017 - 6/30/2017 TOTAL**

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	1	1	1	0	0	0	3
Barry	0	0	0	2	0	0	0	0	2
Berrien	4	51	77	58	20	9	0	0	219
Calhoun	0	0	0	1	0	0	0	0	1
Cass	0	19	18	20	4	2	1	0	64
Gogebic	0	0	0	0	1	0	0	0	1
Grand traverse	0	1	0	0	0	0	0	0	1
Iron	0	0	0	0	2	0	0	0	2
Kalamazoo	2	39	39	25	19	4	0	0	128
Kent	0	7	2	0	6	0	0	0	15
Lake	0	0	0	1	0	0	0	0	1
Lenawee	0	0	0	0	1	0	0	0	1
Macomb	0	7	17	11	9	5	2	0	51
Monroe	0	0	0	1	0	0	0	0	1
Muskegon	0	1	0	1	1	0	0	0	3
Oakland	0	0	5	4	5	1	0	0	15
Ottawa	0	1	2	0	0	0	0	0	3
Saint clair	0	0	0	0	1	0	1	0	2
Saint joseph	0	1	0	0	0	0	0	0	1
Van buren	0	1	0	2	0	1	0	0	4
Washtenaw	0	3	5	3	4	2	0	0	17
Wayne	5	31	65	60	43	22	5	2	233
GrandTotals:	11	162	231	190	117	46	9	2	768

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	1	0	0	0	0	0	1
Barry	0	0	0	2	0	0	0	0	2
Berrien	1	34	58	45	15	7	0	0	160
Calhoun	0	0	0	1	0	0	0	0	1
Cass	0	10	13	12	4	2	0	0	41
Grand traverse	0	1	0	0	0	0	0	0	1
Iron	0	0	0	0	1	0	0	0	1
Kalamazoo	1	24	14	13	12	2	0	0	66
Kent	0	1	2	0	5	0	0	0	8
Lenawee	0	0	0	0	1	0	0	0	1
Macomb	0	5	9	7	2	2	1	0	26
Monroe	0	0	0	1	0	0	0	0	1
Muskegon	0	1	0	1	0	0	0	0	2
Oakland	0	0	2	2	1	0	0	0	5
Ottawa	0	1	2	0	0	0	0	0	3
Saint joseph	0	1	0	0	0	0	0	0	1
Van buren	0	1	0	1	0	1	0	0	3
Washtenaw	0	2	5	2	3	1	0	0	13
Wayne	5	25	50	37	26	13	2	0	158
GrandTotals:	7	106	156	124	70	28	3	0	494

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	0	1	1	0	0	0	2
Berrien	0	10	14	10	4	2	0	0	40
Cass	0	6	3	6	0	0	1	0	16
Gogebic	0	0	0	0	1	0	0	0	1
Iron	0	0	0	0	1	0	0	0	1
Kalamazoo	1	14	25	12	7	2	0	0	61
Kent	0	6	0	0	1	0	0	0	7
Lake	0	0	0	1	0	0	0	0	1
Macomb	0	1	8	4	7	3	0	0	23
Oakland	0	0	3	2	4	1	0	0	10
Saint clair	0	0	0	0	1	0	1	0	2
Van buren	0	0	0	1	0	0	0	0	1
Washtenaw	0	1	0	1	1	1	0	0	4
Wayne	0	4	11	20	14	7	0	1	57
GrandTotals:	1	42	64	58	42	16	2	1	226

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	3	7	5	3	1	0	0	0	19
Cass	0	3	2	2	0	0	0	0	7
Kalamazoo	0	1	0	0	0	0	0	0	1
Macomb	0	1	0	0	0	0	1	0	2
Muskegon	0	0	0	0	1	0	0	0	1
Wayne	0	2	4	3	3	2	3	1	18
GrandTotals:	3	14	11	8	5	2	4	1	48

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - White - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	1	0	0	0	0	0	1
Barry	0	0	0	2	0	0	0	0	2
Berrien	1	23	44	39	12	4	0	0	123
Calhoun	0	0	0	1	0	0	0	0	1
Cass	0	7	12	8	4	2	0	0	33
Kalamazoo	0	9	3	8	7	1	0	0	28
Kent	0	1	1	0	4	0	0	0	6
Lenawee	0	0	0	0	1	0	0	0	1
Macomb	0	1	1	0	0	0	1	0	3
Monroe	0	0	0	1	0	0	0	0	1
Muskegon	0	1	0	0	0	0	0	0	1
Oakland	0	0	1	0	0	0	0	0	1
Ottawa	0	1	1	0	0	0	0	0	2
Saint joseph	0	1	0	0	0	0	0	0	1
Van buren	0	1	0	1	0	1	0	0	3
Washtenaw	0	1	1	0	2	1	0	0	5
Wayne	1	5	6	7	3	4	0	0	26
GrandTotals:	2	51	71	67	33	13	1	0	238

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - White - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	0	1	1	0	0	0	2
Berrien	0	7	12	9	4	2	0	0	34
Cass	0	3	3	5	0	0	1	0	12
Gogebic	0	0	0	0	1	0	0	0	1
Kalamazoo	0	2	10	6	6	0	0	0	24
Kent	0	4	0	0	0	0	0	0	4
Lake	0	0	0	1	0	0	0	0	1
Macomb	0	0	3	0	4	0	0	0	7
Oakland	0	0	0	0	3	0	0	0	3
Saint clair	0	0	0	0	1	0	1	0	2
Van buren	0	0	0	1	0	0	0	0	1
Washtenaw	0	0	0	0	0	1	0	0	1
Wayne	0	2	1	5	4	1	0	0	13
GrandTotals:	0	18	29	28	24	4	2	0	105

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - White - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	2	5	5	1	0	0	0	0	13
Cass	0	2	2	2	0	0	0	0	6
Macomb	0	0	0	0	0	0	1	0	1
Wayne	0	0	0	0	1	0	1	0	2
GrandTotals:	2	7	7	3	1	0	2	0	22

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - African American - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	10	5	5	2	2	0	0	24
Cass	0	1	0	2	0	0	0	0	3
Kalamazoo	1	8	6	5	5	1	0	0	26
Kent	0	0	1	0	0	0	0	0	1
Macomb	0	3	6	6	2	1	0	0	18
Muskegon	0	0	0	1	0	0	0	0	1
Oakland	0	0	0	1	1	0	0	0	2
Ottawa	0	0	1	0	0	0	0	0	1
Washtenaw	0	1	4	1	1	0	0	0	7
Wayne	4	20	41	25	18	9	1	0	118
GrandTotals:	5	43	64	46	29	13	1	0	201

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - African American - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	3	2	0	0	0	0	0	5
Cass	0	1	0	0	0	0	0	0	1
Kalamazoo	0	7	9	5	1	2	0	0	24
Kent	0	0	0	0	1	0	0	0	1
Macomb	0	1	1	2	3	0	0	0	7
Oakland	0	0	3	1	0	1	0	0	5
Washtenaw	0	1	0	1	0	0	0	0	2
Wayne	0	1	8	12	8	6	0	0	35
GrandTotals:	0	14	23	21	13	9	0	0	80

Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - African American - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	0	0	1	0	0	0	2
Muskegon	0	0	0	0	1	0	0	0	1
Wayne	0	2	4	3	0	2	2	1	14
GrandTotals:	0	3	4	3	2	2	2	1	17

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - Asian - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	0	1	1	0	0	0	2
Macomb	0	0	1	0	0	0	0	0	1
Wayne	0	0	0	0	2	0	0	0	2
GrandTotals:	0	0	1	1	3	0	0	0	5

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - Asian - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Kalamazoo	0	0	1	0	0	0	0	0	1
Macomb	0	0	1	0	0	2	0	0	3
Wayne	0	0	1	0	1	0	0	0	2
GrandTotals:	0	0	3	0	1	2	0	0	6

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - Asian - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	0	1	0	0	0	0	1
Wayne	0	0	0	0	1	0	0	0	1
GrandTotals:	0	0	0	1	1	0	0	0	2

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - Multi Racial - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	4	0	0	1	0	0	5
Cass	0	2	1	2	0	0	0	0	5
Kalamazoo	0	5	2	0	0	0	0	0	7
Macomb	0	1	0	0	0	0	0	0	1
Wayne	0	0	0	0	1	0	0	0	1
GrandTotals:	0	8	7	2	1	1	0	0	19

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - Multi Racial - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Cass	0	1	0	0	0	0	0	0	1
Kalamazoo	1	4	5	0	0	0	0	0	10
Kent	0	2	0	0	0	0	0	0	2
Wayne	0	0	0	0	0	0	0	1	1
GrandTotals:	1	7	5	0	0	0	0	1	14

Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - Multi Racial - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	0	0	0	0	0	0	1
Kalamazoo	0	1	0	0	0	0	0	0	1
GrandTotals:	0	2	0	0	0	0	0	0	2

Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - Native American - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	2	0	0	0	0	0	3
Iron	0	0	0	0	1	0	0	0	1
Kalamazoo	0	2	1	0	0	0	0	0	3
Washtenaw	0	0	0	1	0	0	0	0	1
GrandTotals:	0	3	3	1	1	0	0	0	8

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - Native American - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	0	1	0	0	0	0	1
Cass	0	1	0	1	0	0	0	0	2
Kalamazoo	0	0	0	1	0	0	0	0	1
Wayne	0	0	1	0	1	0	0	0	2
GrandTotals:	0	1	1	3	1	0	0	0	6

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - Native American - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Cass	0	1	0	0	0	0	0	0	1
GrandTotals:	0	1	0	0	0	0	0	0	1

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - Unknown - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	0	3	0	0	0	0	0	3
Grand traverse	0	1	0	0	0	0	0	0	1
Kalamazoo	0	0	2	0	0	0	0	0	2
Kent	0	0	0	0	1	0	0	0	1
Macomb	0	0	1	1	0	1	0	0	3
Oakland	0	0	1	1	0	0	0	0	2
Wayne	0	0	3	5	2	0	1	0	11
GrandTotals:	0	1	10	7	3	1	1	0	23

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - Unknown - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Iron	0	0	0	0	1	0	0	0	1
Kalamazoo	0	1	0	0	0	0	0	0	1
Macomb	0	0	3	2	0	1	0	0	6
Oakland	0	0	0	1	1	0	0	0	2
Washtenaw	0	0	0	0	1	0	0	0	1
Wayne	0	1	0	3	0	0	0	0	4
GrandTotals:	0	2	3	6	3	1	0	0	15

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - Unknown - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	1	0	0	1	0	0	0	0	2
Macomb	0	1	0	0	0	0	0	0	1
Wayne	0	0	0	0	1	0	0	0	1
GrandTotals:	1	1	0	1	1	0	0	0	4

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - Hispanic - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	4	4	1	0	0	0	10
Cass	0	0	1	0	0	0	0	0	1
Iron	0	0	0	0	1	0	0	0	1
Kalamazoo	0	0	1	1	1	0	0	0	3
Van buren	0	1	0	0	0	0	0	0	1
Washtenaw	0	0	0	1	0	0	0	0	1
Wayne	1	2	3	3	2	2	0	0	13
GrandTotals:	1	4	9	9	5	2	0	0	30

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - Hispanic - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	0	1	0	0	1	0	0	0	2
Cass	0	2	2	1	0	0	0	0	5
Gogebic	0	0	0	0	1	0	0	0	1
Kalamazoo	0	4	2	1	0	0	0	0	7
Kent	0	2	0	0	0	0	0	0	2
Macomb	0	0	1	0	1	0	0	0	2
Wayne	0	1	2	4	3	2	0	0	12
GrandTotals:	0	10	7	6	6	2	0	0	31

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - Hispanic - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Cass	0	1	0	0	0	0	0	0	1
Macomb	0	0	0	0	0	0	1	0	1
GrandTotals:	0	1	0	0	0	0	1	0	2

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - Non-Hispanic - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	1	0	0	0	0	0	1
Barry	0	0	0	2	0	0	0	0	2
Berrien	1	33	54	41	14	7	0	0	150
Calhoun	0	0	0	1	0	0	0	0	1
Cass	0	10	12	12	4	2	0	0	40
Grand traverse	0	1	0	0	0	0	0	0	1
Kalamazoo	1	24	13	12	11	2	0	0	63
Kent	0	1	2	0	5	0	0	0	8
Lenawee	0	0	0	0	1	0	0	0	1
Macomb	0	5	9	7	2	2	1	0	26
Monroe	0	0	0	1	0	0	0	0	1
Muskegon	0	1	0	1	0	0	0	0	2
Oakland	0	0	2	2	1	0	0	0	5
Ottawa	0	1	2	0	0	0	0	0	3
Saint joseph	0	1	0	0	0	0	0	0	1
Van buren	0	0	0	1	0	1	0	0	2
Washtenaw	0	2	5	1	3	1	0	0	12
Wayne	4	23	47	34	24	11	2	0	145
GrandTotals:	6	102	147	115	65	26	3	0	464

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Parent - Non-Hispanic - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	0	1	1	0	0	0	2
Berrien	0	9	14	10	3	2	0	0	38
Cass	0	4	1	5	0	0	1	0	11
Iron	0	0	0	0	1	0	0	0	1
Kalamazoo	1	10	23	11	7	2	0	0	54
Kent	0	4	0	0	1	0	0	0	5
Lake	0	0	0	1	0	0	0	0	1
Macomb	0	1	7	4	6	3	0	0	21
Oakland	0	0	3	2	4	1	0	0	10
Saint clair	0	0	0	0	1	0	1	0	2
Van buren	0	0	0	1	0	0	0	0	1
Washtenaw	0	1	0	1	1	1	0	0	4
Wayne	0	3	9	16	11	5	0	1	45
GrandTotals:	1	32	57	52	36	14	2	1	195

Clients By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - Non-Hispanic - .

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	3	7	5	3	1	0	0	0	19
Cass	0	2	2	2	0	0	0	0	6
Kalamazoo	0	1	0	0	0	0	0	0	1
Macomb	0	1	0	0	0	0	0	0	1
Muskegon	0	0	0	0	1	0	0	0	1
Wayne	0	2	4	3	3	2	3	1	18
GrandTotals:	3	13	11	8	5	2	3	1	46

B. Visits by Age

- **Total**
- **Client Type**

**Real Alternatives
Michigan Pregnancy and Parenting Support Services**

Visits By Age

All Sites

4/1/2017 - 6/30/2017 TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	3	3	3	1	0	0	10
Barry	0	0	0	8	0	0	0	0	8
Berrien	5	132	221	175	38	45	0	0	616
Calhoun	0	0	0	5	0	0	0	0	5
Cass	0	31	51	56	16	2	1	0	157
Gogebic	0	0	0	0	2	0	0	0	2
Grand traverse	0	2	0	0	0	0	0	0	2
Iron	0	0	0	0	6	0	0	0	6
Kalamazoo	14	164	102	77	70	9	0	0	436
Kent	0	30	8	0	10	0	0	0	48
Lake	0	0	0	2	0	0	0	0	2
Lenawee	0	0	0	0	4	0	0	0	4
Macomb	0	28	67	25	15	6	4	0	145
Monroe	0	0	0	2	0	0	0	0	2
Muskegon	0	1	0	2	1	0	0	0	4
Oakland	0	0	10	13	7	8	0	0	38
Ottawa	0	2	5	0	0	0	0	0	7
Saint clair	0	0	0	0	1	0	9	0	10
Saint joseph	0	1	0	1	0	0	0	0	2
Van buren	0	7	0	4	0	1	0	0	12
Washtenaw	0	11	14	13	8	7	0	0	53
Wayne	11	56	146	152	125	66	5	2	563
GrandTotals:	30	465	627	538	306	145	19	2	2,132

Real Alternatives
Michigan Pregnancy and Parenting Support Services

Visits By Age

All Sites

4/1/2017 - 6/30/2017 Pregnant - TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	3	0	0	0	0	0	3
Barry	0	0	0	8	0	0	0	0	8
Berrien	2	108	162	142	32	39	0	0	485
Calhoun	0	0	0	5	0	0	0	0	5
Cass	0	17	33	34	16	2	0	0	102
Grand traverse	0	2	0	0	0	0	0	0	2
Iron	0	0	0	0	5	0	0	0	5
Kalamazoo	13	122	34	38	46	3	0	0	256
Kent	0	1	8	0	9	0	0	0	18
Lenawee	0	0	0	0	4	0	0	0	4
Macomb	0	25	33	21	6	3	3	0	91
Monroe	0	0	0	2	0	0	0	0	2
Muskegon	0	1	0	2	0	0	0	0	3
Oakland	0	0	6	8	1	0	0	0	15
Ottawa	0	2	5	0	0	0	0	0	7
Saint clair	0	0	0	0	0	0	3	0	3
Saint joseph	0	1	0	1	0	0	0	0	2
Van buren	0	7	0	1	0	1	0	0	9
Washtenaw	0	6	14	8	4	6	0	0	38
Wayne	11	49	114	116	93	47	2	0	432
GrandTotals:	26	341	412	386	216	101	8	0	1,490

Visits By Age

All Sites

4/1/2017 - 6/30/2017 Parent - TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Allegan	0	0	0	3	3	1	0	0	7
Berrien	0	16	53	30	5	6	0	0	110
Cass	0	11	15	20	0	0	1	0	47
Gogebic	0	0	0	0	2	0	0	0	2
Iron	0	0	0	0	1	0	0	0	1
Kalamazoo	1	41	68	39	23	6	0	0	178
Kent	0	29	0	0	1	0	0	0	30
Lake	0	0	0	2	0	0	0	0	2
Macomb	0	2	34	4	9	3	0	0	52
Oakland	0	0	4	5	6	8	0	0	23
Saint clair	0	0	0	0	1	0	6	0	7
Van buren	0	0	0	3	0	0	0	0	3
Washtenaw	0	5	0	5	4	1	0	0	15
Wayne	0	5	28	33	29	17	0	1	113
GrandTotals:	1	109	202	144	84	42	7	1	590

Visits By Age

All Sites

4/1/2017 - 6/30/2017 Poss Preg - TOTAL

County	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total
Berrien	3	8	6	3	1	0	0	0	21
Cass	0	3	3	2	0	0	0	0	8
Kalamazoo	0	1	0	0	1	0	0	0	2
Macomb	0	1	0	0	0	0	1	0	2
Muskegon	0	0	0	0	1	0	0	0	1
Wayne	0	2	4	3	3	2	3	1	18
GrandTotals:	3	15	13	8	6	2	4	1	52

**C. Type of Counseling/ Referral
Provided by Age**

Michigan Pregnancy and Parenting Support Services

Counseling/Referral Summary

All Sites

4/1/2017 - 6/30/2017 TOTAL

Counseling/Referral	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total	
Abortion Risks & Info:	4	35	41	35	11	2	2	0	130	6.10%
Abstinence/Chastity:	4	35	14	11	8	1	1	0	74	3.47%
Abuse (Emotional):	1	8	5	5	3	2	0	0	24	1.13%
Abuse (Physical):	1	12	5	5	3	1	0	0	27	1.27%
Abuse (Sexual):	2	7	3	3	3	0	1	0	19	0.89%
Adoption Education:	2	22	24	25	5	1	4	0	83	3.89%
Anger Management:	0	7	2	4	1	0	0	0	14	0.66%
Breastfeeding:	2	68	66	51	27	8	2	0	224	10.51%
Child Care:	0	54	55	57	28	17	8	0	219	10.27%
Childbirth Issues:	0	67	49	50	22	7	3	0	198	9.29%
Decision Making:	3	79	51	36	16	16	2	0	203	9.52%
Depression:	3	17	17	14	7	0	2	0	60	2.81%
Drug/Alcohol:	3	21	24	9	5	2	1	0	65	3.05%
Education:	9	117	78	35	16	12	1	0	268	12.57%
Family Spt: -Birth Father	0	1	2	0	0	0	0	0	3	0.14%
Family Spt: -Boyfriend	0	0	2	1	0	0	0	0	3	0.14%
Family Spt: -Father	0	0	0	0	0	0	0	0	0	0.00%
Family Spt: -Foster Parent	0	0	0	0	0	0	0	0	0	0.00%
Family Spt: -Grandparent	0	0	0	0	0	0	0	0	0	0.00%
Family Spt: -Husband	0	0	0	0	1	0	0	0	1	0.05%
Family Spt: -Lgl Guardian	0	0	0	0	0	0	0	0	0	0.00%
Family Spt: -Mother	0	2	2	1	3	0	0	0	8	0.38%
Family Spt: -Sibling	0	0	0	0	0	0	0	0	0	0.00%
Fetal Development:	4	120	147	112	39	21	0	0	443	20.78%
Financial/Job:	3	180	170	130	65	33	4	0	585	27.44%
Grief -Adoption:	0	0	0	0	0	0	0	0	0	0.00%
Grief -Infant Death:	0	0	0	1	0	0	0	0	1	0.05%
Grief -Miscarriage:	0	0	0	0	2	0	0	0	2	0.09%
Housing:	8	178	122	97	50	34	6	0	495	23.22%
Initial Intake:	8	84	103	76	40	14	3	1	329	15.43%
Legal:	3	45	10	26	17	6	10	0	117	5.49%
Life Skills:	1	50	18	35	15	13	3	0	135	6.33%
Medical/Health:	4	146	174	144	56	25	7	0	556	26.08%
Mental Health:	0	4	5	6	3	2	1	0	21	0.98%

Michigan Pregnancy and Parenting Support Services

Counseling/Referral Summary

All Sites

4/1/2017 - 6/30/2017 TOTAL

Counseling/Referral	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total	
Nutrition:	1	67	81	60	29	16	0	0	254	11.91%
Other:	7	112	111	76	64	32	4	0	406	19.04%
Pantry Needs:	0	22	13	8	9	7	1	0	60	2.81%
Parenting Skills:	3	140	145	136	52	40	4	0	520	24.39%
Post Delivery Stress:	1	16	23	29	14	5	8	0	96	4.50%
Pregnancy Counseling & Info:	3	110	134	117	46	18	9	1	438	20.54%
Relationship:	5	190	136	133	46	27	2	0	539	25.28%
STD Risks & Information:	2	49	37	19	10	2	2	0	121	5.68%
Stress Management:	2	55	40	35	22	14	8	0	176	8.26%

**D. Classes/ Assistance Provided by
Age**

Michigan Pregnancy and Parenting Support Services

Classes Assistance Summary

All Sites

4/1/2017 - 6/30/2017 TOTAL

Class/Assistance	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Total	
Chastity Class:	0	0	4	4	2	0	0	0	10	0.47%
Childbirth Class:	6	34	0	30	10	0	0	0	80	3.75%
Parenting Class:	12	139	199	151	116	52	0	1	670	31.43%
Pregnancy Class:	7	15	30	52	26	13	0	0	143	6.71%
Family Support Class:	1	7	50	31	32	14	0	0	135	6.33%
In-House Clothing:	7	135	201	151	74	43	3	1	615	28.85%
In-House Food:	3	85	134	98	44	31	2	0	397	18.62%
In-House Furniture:	2	98	158	107	45	32	2	0	444	20.83%
Pregnancy Test Kit:	0	15	23	18	7	4	5	1	73	3.42%

**E. Hours of Counseling and
Education by Service Provider**

Michigan Pregnancy and Parenting Support Services

Provider Summary Report

4/1/2017 - 6/30/2017 TOTAL

	Counsel Time	Referral Time	Chastity Class	Childbth Class	Parent Class	Preg Class	Family Class	Clothing Pantry	Food Pantry	Furn Pantry	Preg Kit	Total
01 Women's Care Center	19,718	14	4	0	325	0	2	322	314	300	0	
	\$21,492.62	\$15.26	\$87.20	\$0.00	\$7,085.00	\$0.00	\$43.60	\$3,509.80	\$3,422.60	\$3,270.00	\$0.00	\$38,926.08
Total Time:		\$21,507.88				Total Class:	\$7,215.80	Total Pantry:	Total Pantry:	\$10,202.40		
02 Catholic Charities/Kalamazoo	14,078	0	6	80	197	24	0	50	8	16	7	
	\$15,345.02	\$0.00	\$130.80	\$1,744.00	\$4,284.60	\$523.20	\$0.00	\$545.00	\$87.20	\$174.40	\$76.30	\$22,920.52
Total Time:		\$15,345.02				Total Class:	\$6,692.60	Total Pantry:	Total Pantry:	\$806.60		
03 Catholic Charities/Southeast MI	11,924	0	0	0	0	0	0	82	67	69	0	
	\$12,997.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$893.80	\$730.30	\$752.10	\$0.00	\$15,373.36
Total Time:		\$12,997.16				Total Class:	\$0.00	Total Pantry:	Total Pantry:	\$2,376.20		
04 Catholic Charities West Michigan	9,196	125	0	0	0	0	0	3	2	0	1	
	\$10,023.64	\$136.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$92.70	\$21.80	\$0.00	\$10.90	\$10,225.29
Total Time:		\$10,159.89				Total Class:	\$0.00	Total Pantry:	Total Pantry:	\$54.50		
05 Pregnancy Aid	5,617	0	0	0	128	79	133	120	2	56	49	
	\$6,122.53	\$0.00	\$0.00	\$0.00	\$2,790.40	\$1,722.20	\$2,899.40	\$1,308.00	\$21.80	\$610.40	\$534.10	\$16,008.83
Total Time:		\$6,122.53				Total Class:	\$7,412.00	Total Pantry:	Total Pantry:	\$1,940.20		
06 Lennon Pregnancy Center	854	0	0	0	15	40	0	32	4	2	16	
	\$930.86	\$0.00	\$0.00	\$0.00	\$327.00	\$872.00	\$0.00	\$348.80	\$43.60	\$21.80	\$174.40	\$2,718.46
Total Time:		\$930.86				Total Class:	\$1,199.00	Total Pantry:	Total Pantry:	\$414.20		
07 Catholic Social Services Washtenaw County	3,385	0	0	0	5	0	0	6	0	1	0	
	\$3,689.65	\$0.00	\$0.00	\$0.00	\$109.00	\$0.00	\$0.00	\$65.40	\$0.00	\$10.90	\$0.00	\$3,874.95
Total Time:		\$3,689.65				Total Class:	\$109.00	Total Pantry:	Total Pantry:	\$76.30		

Michigan Pregnancy and Parenting Support Services

Provider Summary Report

4/1/2017 - 6/30/2017 TOTAL

Counsel Time	Referral Time	Chastity Class	Childbth Class	Parent Class	Preg Class	Family Class	Clothing Pantry	Food Pantry	Furn Pantry	Preg Kit	Total
64,772	139	10	80	670	143	135	615	397	444	73	
\$70,601.48	\$151.51	\$218.00	\$1,744.00	\$14,606.00	\$3,117.40	\$2,943.00	\$6,703.50	\$4,327.30	\$4,839.60	\$795.70	
Grand Total Time:	\$70,752.99		Grand Total Class:	\$22,628		Grand Total Pantry:	\$15,870	\$796	\$110,047.49		

Grand Totals

F. Calls Received on Hotline

Real Alternatives
The MI Alternative to Abortion Services Program
Calls By County By Age
4/1/2017 - 6/30/2017

County	State	<16	16..20	21..25	26..30	31..35	36..40	41..45	>45	Unknown	Total
Other States											
Berrien	MI	0	1	0	0	0	0	0	0	0	1
Branch	MI	0	0	0	1	0	0	0	0	0	1
Genesee	MI	0	0	0	0	0	0	0	1	0	1
Ingham	MI	0	1	0	0	0	0	0	0	0	1
Jackson	MI	0	0	0	0	0	0	0	1	0	1
Kent	MI	0	0	2	0	0	0	0	0	0	2
Macomb	MI	0	1	2	0	1	0	0	0	1	5
Midland	MI	0	0	0	0	0	0	0	0	1	1
Oakland	MI	0	1	0	0	0	0	0	1	3	5
Unknown	MI	0	1	0	0	0	0	0	0	4	5
Washtenaw	MI	0	1	0	0	0	0	0	0	0	1
Wayne	MI	0	5	7	0	0	1	2	2	6	23
Counties Totals:		0	11	11	1	1	1	2	5	15	47
GrandTotals:		0	11	11	1	1	1	2	5	15	47

**G. Number of Referrals on Hotline
by Service Provider**

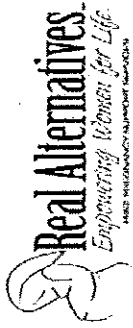
Real Alternatives
The MI Alternative to Abortion Services Program
Calls Referred or Patched By Provider
4/1/2017 - 6/30/2017

Provider	Referral Info	Patches Called	Total
Project Info/Other	8	0	8
Bethany-East Lansing Office	1	0	1
Bethany-Grand Rapids	2	0	2
CCSEM Clinton Twp	3	0	3
CCSEM Detroit	6	4	10
CCSEM Pontiac	2	2	4
CCSEM Royal Oak	1	0	1
CCSEM Warren	2	0	2
CCWM Kalamazoo	1	0	1
CSS-Washtenaw	0	1	1
Lennon Center	6	6	12
Pregnancy Aid	1	0	1
Women's Care Center Niles	1	0	1
Grand Totals	34	13	47

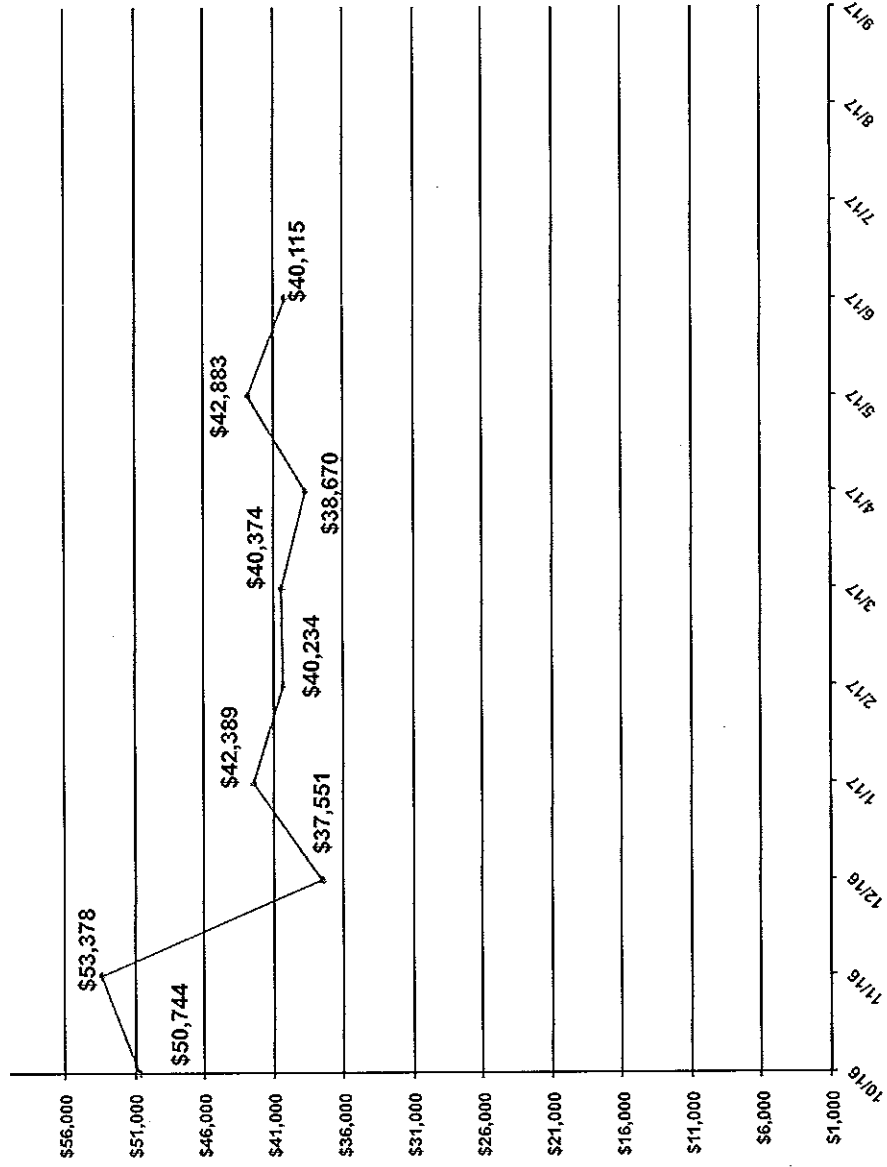
III. Miscellaneous Items

A. Grant Goals and Objectives Status

**B. Service Provider
Reimbursements Per Month**



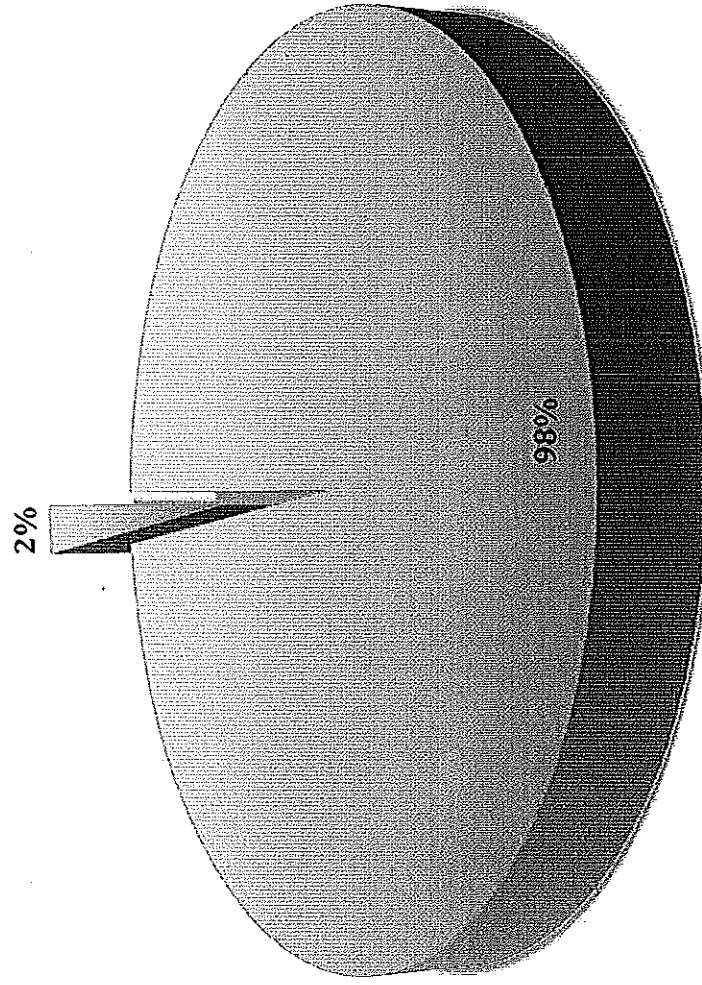
MI Pregnancy and Parenting Support Services Program



Service Provider Reimbursement Per Month

C. Client Outcomes

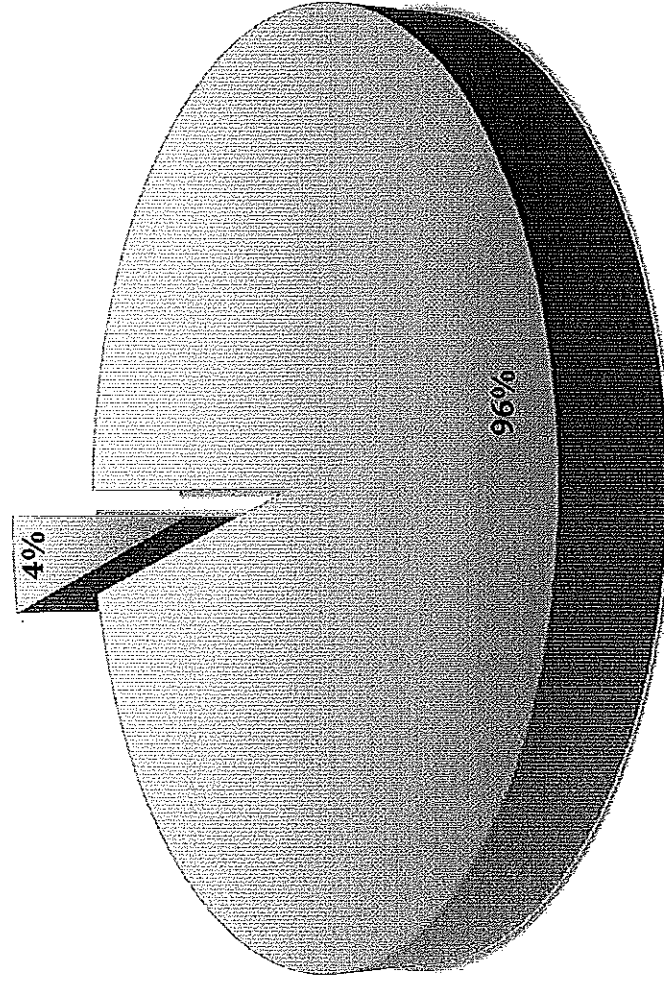
Clients Who Visited and/or Planning a Pre-natal Care Visit



■ Yes ■ No

Reporting: 653 (641 Yes, 12 No) Clients Reported Indicator
From the 768 Total Clients were served this Quarter

Clients with Up to Date Infant Immunizations



■ Yes ■ No

Reporting: 160 (154 Yes, 6 No) Clients Reported Indicator
From the 768 Total Clients were served this Quarter

Real Alternatives

7810 Allentown Blvd, Suite 304

Harrisburg, PA 17112

717-541-1112

Derman, Barbara (DHHS)

From: Thomas Lang <ra-operations@comcast.net>
Sent: Wednesday, August 16, 2017 12:51 PM
To: Derman, Barbara (DHHS)
Subject: Re: MI 3rd Quarter Report

It will be here sooner than we think!

Make it a great day!

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Wednesday, August 16, 2017 at 12:41 PM
To: Thomas Lang <ra-operations@comcast.net>
Subject: RE: MI 3rd Quarter Report

Thank you Tom, I'm looking forward to meeting you in person!

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Thomas Lang [<mailto:ra-operations@comcast.net>]
Sent: Tuesday, August 15, 2017 2:32 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: Re: MI 3rd Quarter Report

Yes. I've attached it here.

Thank you!
Tom

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Tuesday, August 15, 2017 at 2:20 PM
To: Thomas Lang <ra-operations@comcast.net>
Subject: RE: MI 3rd Quarter Report

Great! Thanks. Do you have an update to your 2016 tool

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REAL ALTERNATIVES MDHHS Grant #20142043

Michigan Pregnancy and Parenting Support Services Program

SERVICE PROVIDER SITE MONITORING CHECKLIST FY 2016-2017

Service Provider: _____
Site Name & #: _____
Site Address: _____
County/Service Area: _____
Date of Site Monitoring: _____

Real Alternatives
Michigan Pregnancy and Parenting
Support Services Program

Site Monitoring Checklist

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REAL ALTERNATIVES
Michigan Pregnancy and Parenting Support Services Program

SERVICE PROVIDER SITE MONITORING

I. INTRODUCTION

An annual review of Service Provider facilities and procedures is required by the MI Department of Health and Human Services ("MDHHS") to ensure continued compliance with the terms of the Service Provider Agreement with Real Alternatives. It also provides an opportunity to exchange ideas, recommendations and program planning with the Site Monitor on ways to improve client services in the State of Michigan. The final report becomes public record upon submission to MDHHS, and is an opportunity to emphasize the successes and unique strengths of each Service Provider site.

References to the current Real Alternatives Service Provider Agreement are noted in bold print throughout this checklist. If this site does not comply with any of the terms set forth in the Service Provider Agreement with Real Alternatives, deficiencies will be noted, and a corrective action plan must be implemented. Some deficiencies relating to errors with the Client Verification Form, clearances, and incorrect or improper billing methods may result in loss of reimbursement. There may be other issues that will require follow-up, but may not be deficiencies or contract violations. The Site Monitor will provide the necessary technical support to help you follow up on issues or correct any deficiencies. Please feel free to contact the Site Monitor should you have any questions. The Site Monitor is always available to provide help and support to your site.

II. SITE MONITORING OUTLINE

Please take the time to review this checklist in preparation for the site monitoring to assist in making it run more efficiently. Please contact the Site Monitor in advance, if there are questions about the checklist or the process. Please have the following materials readily available for review. Please note that this list is not meant to be exhaustive. The purpose is to provide you with a general idea of the kinds of materials that will be reviewed. (*indicates that a complete copy needs to be provided to the Site Monitor to take back to the Real Alternatives office).

1. Current Real Alternatives Service Provider Agreement & Modifications
2. Licenses / certifications (professional, facility, or individual)
3. *Policies and procedures manuals and materials/employee manual
4. *(Non-degreed) Counselor Training Plan, training curriculum and materials
5. Corporate Bylaws and Mission Statement
6. Corporate Articles of Incorporation and Amendments
7. 501(c)(3) Certification
8. *Current list of Board of Directors
9. Statistics showing total clients served
10. Confidentiality Policy, including release of information forms
11. *Non-Discrimination Policy
12. Limited English Proficiency (LEP) Policy

13. *Sexual Harassment Policy
14. *Spiritual Issues Policy
15. *Abortion & Contraception Policy
16. *Blank Client Intake sheets/forms;
17. Internal client paperwork
18. Client files for the MI Pregnancy and Parenting Support Services Program
19. Required clearances for staff and volunteers – provide the current copies of each, as well as the ones immediately before those, if any, for review.
(NOTE: Everyone associated with your organization who has contact with clients, even if not billing under this Program, are required to have current Clearances that are updated annually with no lapses in between.)

III. SITE MONITORING PROCESS

There are several phases of the site monitoring process. Typically, the first step is the **Interview** portion, which is a time to review Policy and Procedure Manuals, corporate documents, discuss policy issues, program operations, client service issues and staff/volunteer training. The second portion of the Site Monitoring involves a **Physical Inspection** of the facility, during which counseling areas, waiting area, lavatories, and fire safety issues are checked. In addition, literature may be scanned, and certain items are checked to see if they are posted for easy client or staff reference. And, usually the concluding stage of the process is a review of **Client Files** for those clients involved with our Program. These files are usually kept separate from other client files to allow for easy reference, and are more quickly reviewed when they are also filed according to the fiscal year. A computer-generated random sampling of certain Client Verification Forms will be conducted, as well as Services Rendered Forms that correspond to certain dates of service. Any Spiritual Counseling Request Forms will also be reviewed on-site. **After the files to be reviewed are assembled by the Service Provider staff, THIS PORTION OF THE REVIEW IS TO BE CONDUCTED PRIVATELY BY THE SITE MONITOR WITH NO SERVICE PROVIDER STAFF PARTICIPATING.**

Please allow a minimum of four (4) hours for the entire site monitoring. Please also plan to have staff available for the first two portions of the site monitoring who have been involved with the program long enough to participate fully to make this a productive and efficient site monitoring. Every effort will be made to meet personally with the designated site director or program manager, however, if that individual is not available on the day of the site monitoring, efforts should be made to make this checklist and the appropriate answers available to the assigned representative for the day. If management designates another individual to oversee the process, the key paperwork and manuals must be made available for physical review on the day of the site monitoring; if the agency has a separate Human Resource department, key personnel information such as diplomas or clearance copies must also be available for physical review on the day of the site monitoring.

A. SECTION I - CORPORATE ADMINISTRATION

1. CORPORATE RECORDS

Please make the following documents available for review. If changes have been made to any of them since October 1, 2016, copies of the revised documents must be sub-mitted to the Site Monitor at the site monitoring.

Mission Statement	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)
Articles of Incorporation	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)
By-Laws	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)
Non-profit, 501(c)(3) status	<input type="checkbox"/> Changes (Submitted)	<input type="checkbox"/> No changes (Reviewed)

2. PROGRAM RECORDS

Years of operation for this site: _____

Fiscal year: ☐January 1 – December 31, or
☐July 1 – June 30

Is a copy of the current Service Provider Agreement with Real Alternatives on site?
(Please provide a complete copy of Agreement for review; modification or signature pages alone are not sufficient; must be kept on-site for staff reference.)

☐Yes ☐No Comment _____

Does your company have an organizational chart? (Provide for review.)

☐Yes ☐No Comment _____

Do volunteers/staff members receive a job description?

☐Yes ☐No Comment _____

Do employees sign a statement of faith?

☐Yes ☐No Comment _____

(If yes- review statement of faith, inquire about those who will not sign, and view statement of proof that they claim the Title VII exemption)

Are minutes of the Service Provider's Board of Directors' meetings on file at the administrative office?

☐Yes ☐No Comment _____

Does your organization, or any director, officer, manager or key employee have a financial interest in any other Service Provider organization, in any other Service Provider's site, or in any supplier providing services, labor, or material in this program?

☐Yes ☐No Comment _____

3. POLICIES:

EACH FISCAL YEAR, KINDLY PROVIDE REAL ALTERNATIVES WITH A CURRENT COPY OF THE FOLLOWING MATERIALS: (Indicated with an * below.)

*Policy & Procedure Manual; Personnel policies/ employee manual; may require more than one manual depending on how agency information is organized. (complete duplicate copy needed) ☐Y ☐N

Do employees sign a written statement indicating receipt, understanding and agreement regarding these key policies, especially Confidentiality? ☐Y ☐N
(Rider 4, ¶VIII; Rider 5, ¶B)

*(Non-degreed) Counselor Training Plan (training curriculum and materials) ☐Y ☐N

*Current list of Board of Directors ☐Y ☐N

*Non-Discrimination Policy (Rider 4, ¶II, F) (Client Services, Employee Hiring) ☐Y ☐N

*Sexual Harassment Policy ☐Y ☐N

*Spiritual Issues Policy (Rider 2, ¶11) ☐Y ☐N

*Abortion/Contraception Policy (Rider 2, ¶5) ☐Y ☐N

*Blank Client Intake sheets/forms ☐Y ☐N

4. CONFIDENTIALITY

Does your organization's Confidentiality Policy include: (Rider 4, ¶VIII; Rider 5, ¶B)
Definitions of confidential communications, observations and information?

☐Yes ☐No

Maintenance & Access of Records?

☐Yes ☐No

Retention and Destruction of records?

☐Yes ☐No

If not included in the Policy itself, are there Confidentiality Policy materials that include the exceptions for release of information that do not require client's written consent?

Suspicion of impending suicide by the client ☐Yes ☐No ☐N/A

Suspicion of impending homicide by the client ☐Yes ☐No ☐N/A

Suspicion of client engaging in child abuse and calling child protective services ☐Yes ☐No ☐N/A

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How are counselors trained regarding these exceptions? _____

Is there a *Standard Release of Information Form* for clients to sign when information is to be released to another service provider? (Please provide a sample)

☐Yes ☐No Comment: _____

5. SITE PERSONNEL INFORMATION/ STAFF TRAINING:

Pregnancy Counseling Staff/Volunteers: (Anyone who sees clients and who may bill for services must have a Counselor Certification Statement on file at Real Alternatives)

☐Paid Full time _____ ☐Interns _____ ☐Paid Consultants _____
☐Paid Part time _____ ☐Volunteers _____

Is counselor training provided for **new** volunteers/staff? (list topics, # of hours; are specific pregnancy counseling skills covered)

☐Yes ☐No Comment _____

Are counselor training materials provided to each non-degreed new staff/volunteer before they provide pregnancy counseling to clients?

☐Yes ☐No ☐N/A (No non-degreed staff) Comment _____

Does your organization provide ongoing volunteer and/or staff training/development regardless of degree status?

☐Yes ☐No Comment: _____

What kinds of ongoing on-site or off-site training opportunities are provided?

How are training needs assessed? (Weekly supervision, performance eval. etc.)

6. STAFF & VOLUNTEERS CLEARANCES: Produce for review the current copies of the required criminal records check and child abuse check Clearances, as well as the ones immediately before those, if any, for review. **NOTE: Everyone associated with your organization who has contact with clients, even if not billing under this Program, are required to have current Clearances that are updated annually with no lapses in between.**

For this fiscal year, have all staff & volunteers who have direct access to Program clients obtained both criminal records check and child abuse check Clearances within the last 12 months? (**Rider 5, ¶K**)

☐Yes Number of staff/volunteers _____ Number reviewed _____

☐No

Have there been any lapses in Clearances for any staff or volunteer?

☐Yes ☐No Comment _____

7. CLIENT SERVICES

Client Data: **Please calculate these figures prior to the site monitoring taking place**

Total number of clients served in the last year at this site: _____

Total number of Program-eligible clients served: _____

Total number of Non-Program eligible clients served: _____

How are clients advised of your organization's confidentiality policy?

☐ Verbal Comment: _____

☐ Written Comment: _____

How are clients informed about the site's available services, and other available services?

☐ Verbal Comment: _____

☐ Written Comment: _____

Does your organization charge clients any fee for Program services? (Rider 3, ¶4)

☐ Yes ☐ No Comment _____

In addition to what is on the Client Verification Forms, does your organization have an internal grievance policy that provides clients with a way to address concerns about services? How is the policy conveyed to clients?

☐ Yes ☐ No Comment _____

8. SPIRITUAL COUNSELING ISSUES

Materials Review

Are there any materials at the site, either on display or in counseling offices that have religious content?

☐ Yes ☐ No Comment _____

Are such materials kept separately and clearly marked "Religious," "Spiritual," or something similar?

☐ Yes ☐ No ☐ N/A Comment _____

Are clients completely free to decide whether to choose or receive these materials?

☐ Yes ☐ No ☐ N/A Comment _____

Counseling Issues

Aside from initially assessing clients' spiritual needs, does your site provide any services to directly meet clients' spiritual needs?

☐ Yes ☐ No Comment _____

If yes, describe: _____

Do your counselors engage in or permit any religious and/or spiritual activities to take place with Program eligible clients during Program services?

☐Yes ☐No Comment _____

Do your counselors refer clients to other religious and/or spiritual resources when a client requests it?

☐Yes ☐No Comment: _____

If a client accepts an invitation for spiritual counseling or to participate in religious activities that your site provides, does a **different** counselor other than the one who has been providing the client with government-funded Program services conduct or participate in the spiritual counseling or religious activities?

☐Yes ☐No ☐N/A Comment _____

Do the spiritual counseling or religious activities that are conducted by or participated in by the Service Provider occur after the Program services have ended?

☐Yes ☐No ☐N/A Comment _____

Other Comments re: Spiritual Counseling Issues:

9. ADOPTION POLICY (Rider 2, ¶13)

When a client receives counseling during a crisis pregnancy and decides to pursue an adoption plan, does the client receive adoption planning assistance from a person other than the counselor(s) who supported the client before the client decided to pursue an adoption plan?

☐Yes ☐No ☐N/A Comment _____

10. PRO-LIFE REFERRAL SOURCES (Rider 2, ¶7-9)

Does your site maintain the required referral source list? ☐Yes ☐No

Do you verify that all of the listed referral sources are pro-life? ☐Yes ☐No

What method did you employ to verify that all of the listed referral sources are pro-life?

When was the last time your site verified that your referral source list is pro-life?

B. SECTION II - PROGRAM PROFILE

1. COUNSELING AND REFERRALS

Which counseling, referrals, or classes does the site provide? (Rider 2, ¶1)
 (PLEASE COMPLETE THIS CHART PRIOR TO THE SITE MONITORING)

C=Counseling Provided R=Referral Provided P=Provided CP=Class Provided

Abstinence/Chastity/STD Education	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Abortion Risks & Info.	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Abuse (Emotional, Physical, Sexual)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Adoption Education	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Anger Management	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Breastfeeding	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Childbirth Education	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Child Care	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Clothing		<input type="checkbox"/> R	<input type="checkbox"/> P	
Decision-Making	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Depression (Assessment only)	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Drug/Alcohol (Assessment only)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Education	<input type="checkbox"/> C	<input type="checkbox"/> R		
Family Support	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
(Family Member/Legal Guardian of Eligible Client)				
Financial	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Food		<input type="checkbox"/> R	<input type="checkbox"/> P	
Furniture		<input type="checkbox"/> R	<input type="checkbox"/> P	
Grief (SIDS, Miscarriage, Adoption)	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Housing	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	
Intake/Initial Counseling/Assessment of Needs	<input type="checkbox"/> C			
Job	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Legal	<input type="checkbox"/> C	<input type="checkbox"/> R		
Life Skills	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Medical/Health	<input type="checkbox"/> C	<input type="checkbox"/> R		
Mental Health (Assessment only)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Nutrition	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Parenting Education	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Post Delivery Stress	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Pregnancy (may include fetal development)	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Relationship	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
SIDS/Miscarriage Info.	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP
Spiritual (Assessment Only)	<input type="checkbox"/> C	<input type="checkbox"/> R		
Spiritual Counseling / Activities	<input type="checkbox"/> C	<input type="checkbox"/> R	<input type="checkbox"/> P	<input type="checkbox"/> CP
Stress Management	<input type="checkbox"/> C	<input type="checkbox"/> R		<input type="checkbox"/> CP

Special Programs or Comments: _____

2. REFERRALS

Indicate top three (3) referral sources to site's pregnancy support program:

- | | | | |
|---------------------|-------|----------------------|-------|
| A. Clergy | _____ | H. School/University | _____ |
| B. Billboards | _____ | I. Self-Referrals | _____ |
| C. Brochures | _____ | J. Website | _____ |
| D. Family/Friends | _____ | K. WIC/Public Assist | _____ |
| E. Medical provider | _____ | L. Yellow pages | _____ |
| F. Newspaper | _____ | M. 1-888-LIFE AID | _____ |
| G. Radio ad | _____ | N. Other/Community | _____ |

Indicate the top three (3) organizations to which clients are referred:

1. _____
2. _____
3. _____

3. COMMUNITY OUTREACH

What community agencies, organizations, schools, etc., have you contacted in the last twelve (12) months specifically to inform them of the services that your organization can offer to clients through the Michigan Pregnancy and Parenting Support Services Program?

Are all of your local school nurses, area colleges, and municipal health offices aware of the services that your organization can offer to clients through the Michigan Pregnancy and Parenting Support Services Program? ☐ Yes ☐ No

Do local agencies know that all services are free, including free pregnancy testing?

☐ Yes ☐ No

4. PREGNANCY TESTING (Rider 2, ¶4)

Are only client self-administered pregnancy test kits provided?

☐ Yes ☐ No Name of pregnancy test kit used: _____

What are the pregnancy test procedures? _____

Is the pregnancy testing done in a confidential manner?

☐ Yes ☐ No Comment _____

Do clients sign a "Pregnancy Test Release" prior to performing test?

☐Yes ☐No Comment _____

Are the manufacturer's instructions explained and made available to the client?

☐Yes ☐No Comment _____

5. EDUCATIONAL MATERIAL

Are educational materials provided by Real Alternatives used at site?

☐Yes ☐No Comment _____

Who decides what educational materials that the client receives?

☐Client ☐Counselor Comment _____

Do clients receive other appropriate materials not provided by Real Alternatives on topics/resources in which they have an interest?

☐Yes ☐No Comment _____

Who decides what materials are allowed to be displayed or provided to clients?

6. CERTIFICATIONS

If your organization is affiliated with, accredited by, or has a formal partnership with other organizations, please list them: Ex: Heartbeat, United Way, NIFLA, Council on Accreditation, Care Net, etc.

If this site holds childbirth classes, does a **certified** childbirth instructor teach those classes? If "yes," please provide a copy of instructor's current certification card or other proof of certification. (A Nursing License alone is not sufficient.)

☐Yes ☐No ☐N/A

If adoption services are provided, is your organization licensed to provide those services? If "yes," please provide a copy of the license.

☐Yes ☐No ☐N/A

If medical, legal, or drug/alcohol services are provided (beyond assessment of those topics), are counselors certified or licensed to deliver those services? If "yes," please provide copies of the certifications.

☐Yes ☐No ☐N/A

If this site provides housing to minors (maternity residence), is it a licensed facility? If "yes," please provide a copy of the license.

☐Yes ☐No ☐N/A

Does your site perform sonograms? (Rider 2, ¶12)

☐Yes ☐No Comment _____

C. SECTION III - FACILITY

1. COUNSELING ROOMS and other areas used by client

Confidential Setting (Rider 5, ¶B)

☐Yes ☐No Comment _____

Are there any concerns with any materials displayed?

☐Yes ☐No Comment _____

Comfortable and Clean

☐Yes ☐No Comment _____

Handicapped Accessible – in compliance with Americans with Disabilities Act (ADA)?
(Rider 4, ¶F.2.c.)

☐Yes ☐No Reasonable Accommodation _____

2. OFFICE AREAS

Adequate, locked, file cabinets

☐Yes ☐No Comment _____

Are client records kept in a locked file cabinet? (Rider 5, ¶B, Rider 2, ¶16)

☐Yes ☐No Comment _____

Are client records from past contracts with Real Alternatives kept in a secured area for
five (5) years after the expiration of the contract? (Rider 2, ¶17)

☐Yes ☐No Comment _____

If any site (office) within your Service Provider organization closed within the last twelve
(12) months please indicate where the client records from that location are now securely
maintained. **You may need to contact your Admin Office to answer this question
prior to the Site Monitoring.**

Location: _____

3. LAVATORIES

Public or Private (circle one) Comment _____

Handicapped Accessible – in compliance with ADA? (Rider 4, ¶F.2.c.)

☐Yes ☐No Reasonable Accommodation _____

Is lavatory clean; are cleaners & gloves available for disinfecting of hands and surfaces?

☐Yes ☐No Comment _____

4. SAFETY

Are readily observable exit signs present?

☐Yes ☐No Comment _____

Fire Safety

Is your site in compliance with the required fire safety code?

☐Yes ☐No Comment _____

Has fire extinguisher been inspected within last 12 months; commercial (kitchen) models charged?

☐Yes ☐No Month/Year of Last Inspection _____/_____

Does the site have functioning smoke detectors?

☐Yes ☐No Comment _____

Are readily observable No-Smoking signs present? (Rider 4, ¶II.H.2.)

☐Yes ☐No Comment _____

Is Material Safety Data Sheet (MSDS) information readily available to staff for any chemical products used at this site? (Rider 4, ¶II.K.)

☐Yes ☐No ☐N/A Comment _____

5. PANTRY/STORAGE

Is there an on-site pantry?

☐Yes ☐No

Organized, adequate space?

☐Yes ☐No ☐N/A Comment _____

Does the area appear to be clean and in good repair?

☐Yes ☐No ☐N/A Comment _____

Special Comments re: Physical Facility: _____

D. SECTION IV - COMPLIANCE WORKSHEETS

1. Reimbursement Compliance Worksheets - These worksheets are attached immediately following this section in order to inspect the randomly selected Client Verification Forms (CVFs) specific to the site being monitored. Services Rendered Forms (SRFs) will be compared to confirm fiscal accountability for those dates of service for which the Service Provider had previously been reimbursed. Upon review of the randomly selected current fiscal year's CVFs, the forms listed on the *Client Verification Form Compliance Worksheet* of this report indicate non-compliance. Those Client Confidential Numbers (CCNs) and Dates of Service that are listed do not have client signatures and/or dates to properly verify client eligibility, therefore deductions to the Service Provider's invoice are necessary, and will be noted. The following will be reviewed for each randomly selected CVF:

1. If information on the CVF has changed, that the old CVF has been stapled to the updated CVF, and the CCN was copied correctly.
2. That the demographic and eligibility information been completed for all Client Verification Forms.
3. That all CVFs been properly signed and dated by the client.

2. Spiritual Counseling Request Forms - All forms will be reviewed that have been completed by clients who have requested to participate in a spiritual counseling program activity, Post-abortion Counseling program, or Bible Study; corresponding Services Rendered Forms will also be reviewed.

Does your filing system clearly distinguish between the Spiritual Counseling client files and other client files?

☐Yes ☐No ☐N/A System used _____

Are the request forms complete and signed by both client and counselor?

☐Yes ☐No, refer to the worksheet page of this report ☐N/A

Have any Services Rendered Forms (SRFs) been submitted with the box checked next to, "Client signed Spiritual Counseling Request Form?"

☐Yes ☐No

If yes, were Spiritual Counseling Request Forms completed for those clients?

☐Yes ☐No ☐N/A Comment _____

Were any Services Rendered Forms (SRF) submitted for clients by spiritual counselors?

☐Yes, refer to the worksheet page of this report ☐No

Does the site appear to substantially comply with the provisions of the Agreement regarding reimbursement for services to eligible clients? (**Service Prov. Agrmt, ¶2**)

☐Yes ☐No Comment: _____

D. SECTION IV - CLIENT VERIFICATION FORM (CVF) COMPLIANCE WORKSHEET

CLIENT CONFIDENTIAL NUMBER (CCN) & Date of Service	COMMENTS: Indicate deductions

D. SECTION IV – SPIRITUAL COUNSELING REQUEST FORM (SCRF)
COMPLIANCE WORKSHEET

CLIENT CONFIDENTIAL NUMBER (CCN) & Date of Service	COMMENTS: Indicate any problems with form, signatures or SRFs

F. SECTION VI - SITE MONITORING - CORRECTIVE ACTION PLAN

Service Provider: _____

Site Name & Site #: _____

Date of Site Monitoring: _____

Deficiencies Noted Below:

_____**N/A; NO DEFICIENCIES**_____

1. _____

2. _____

3. _____

4. _____

5. _____

Recommended Corrective Action:

1. _____

2. _____

3. _____

4. _____

5. _____

There are missing documents or information requested to finish the site monitoring process. Please follow-up within 3 days of the date of the site monitoring; failure to do so may result in a deficiency being reported:

1. _____

2. _____

3. _____

Corrective Action must be completed by this date: _____

(Signatures needed below only if Corrective Action required):

Site Monitor Signature: _____

Service Provider Representative Signature: _____

IV. - SIGNATURE SECTION

Signature below indicates participation in this site monitoring process, and an understanding of all issues covered.

REAL ALTERNATIVES Site Monitor:

FIRST MI LAST
(PLEASE PRINT)
SIGNATURE _____ DATE _____

Program Contact Person at This Service Provider's Site:

FIRST MI LAST TITLE
(PLEASE PRINT)
SIGNATURE _____ DATE _____

Additional Representative/Observer:

FIRST MI LAST TITLE
(PLEASE PRINT)
SIGNATURE _____ DATE _____

Other Participant Signatures:

Derman, Barbara (DHHS)

From: Kevin I. Bagatta, Esq <ra-president@comcast.net>
Sent: Monday, August 21, 2017 7:01 PM
To: Geist, Laura (DHHS); Derman, Barbara (DHHS); Thomas A. Lang, Esq. (ra-operations@comcast.net)
Cc: Clifford McKeown
Subject: Re: Contract renewal for FY 2018

Hi Laura:

Tom Lang will be our lead for you on this. Cliff McKeown and I will also be unique users.

Do you foresee any changes to the agreement or is the change just the transition to the EGrAMS?

Thanks,

Kevin

Kevin I. Bagatta, Esq.
President & CEO
Real Alternatives
717-541-7832

From: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>
Date: Monday, August 21, 2017 at 3:32 PM
To: "Kevin I. Bagatta, Esq." <ra-president@comcast.net>, "Derman, Barbara (DHHS)" <DermanB@michigan.gov>, "Thomas A. Lang" <ra-operations@comcast.net>
Subject: RE: Contract renewal for FY 2018

Hi Kevin,

In reviewing the Financial Status Reports, it appears Real Alternatives should be finalizing spending on the current grant by the end of September.

MDHHS moved to an electronic grants management model several years ago. As your agency is set to finish spending on your current agreement, we would like to issue a new agreement, rather than amending the current grant, through our electronic grant system, EGrAMS. The system will allow you to enter in your Statement of Work and Budget, as well as complete reporting throughout the year.

In order to use the EGrAMS system, we need to start with having users from your agency register for the system. Who would you like me to work with? Ultimately, your agency should have three unique users, but I would like to start with assisting a Project Director who can then help others at your agency complete the registration process.

Thank you,
Laura

Laura A. Geist
Grants Section Manager

Derman, Barbara (DHHS)

From: Thomas A. Lang, Esquire - Comcast <ra-operations@comcast.net>
Sent: Wednesday, August 30, 2017 11:52 AM
To: Geist, Laura (DHHS)
Cc: Clifford McKeown; Kevin I. Bagatta, Esq; Derman, Barbara (DHHS)
Subject: Re: Contract renewal for FY 2018

Importance: High

Laura -

Thank you for the DRAFT Grant Agreement Between Michigan Department of Health and Human Services and Real Alternatives. We have had an opportunity to review the terms and conditions, and we do have some questions. Some of those questions hinge on the answer to our first, general inquiry.

In paragraph 2.A., a selection is available for "Subrecipient relationship (federal funding)" or "Recipient (non-federal funding)". In addition, there are several section that would apply only if federal funding is involved. However, regarding budgetary matters, we were informed by Dallas Davis that "the TANF portion actually must be reported on the state expenditures line. We do not provide reimbursement for the federal source of funds." (emphasis added here)

We are therefore treating the funds as state only, and we want to confirm that this is also your understanding of the nature of our funding before we raise other potential questions that may or may not be required depending upon your response.

We await your reply.

Thank you!

Tom Lang

V.P of Operations

From: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>
Date: Tuesday, August 22, 2017 at 8:21 AM
To: "Kevin I. Bagatta" <ra-president@comcast.net>, "Derman, Barbara (DHHS)" <DermanB@michigan.gov>, Thomas Lang <ra-operations@comcast.net>
Cc: "Clifford W. McKeown" <ra-finance@comcast.net>
Subject: RE: Contract renewal for FY 2018

Hi Kevin,

MDHHS has made a number of changes since we started your current agreement. I have attached a copy of our standard grant boilerplate for your review. This is the agreement we will be asking your agency to enter into for FY 2018.

Thank you!
Laura

Laura Geist
(517) 241-3932
GeistL1@michigan.gov

From: Kevin I. Bagatta, Esq [<mailto:ra-president@comcast.net>]
Sent: Monday, August 21, 2017 7:01 PM
To: Geist, Laura (DHHS) <GeistL1@michigan.gov>; Derman, Barbara (DHHS) <DermanB@michigan.gov>; Thomas A. Lang, Esq. (ra-operations@comcast.net) <ra-operations@comcast.net>
Cc: Clifford McKeown <ra-finance@comcast.net>
Subject: Re: Contract renewal for FY 2018

Hi Laura:

Tom Lang will be our lead for you on this. Cliff McKeown and I will also be unique users.

Do you foresee any changes to the agreement or is the change just the transition to the EGrAMS?

Thanks,

Kevin

Kevin I. Bagatta, Esq.
President & CEO
Real Alternatives
717-541-7832

From: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>
Date: Monday, August 21, 2017 at 3:32 PM
To: "Kevin I. Bagatta, Esq." <ra-president@comcast.net>, "Derman, Barbara (DHHS)" <DermanB@michigan.gov>, "Thomas A. Lang" <ra-operations@comcast.net>
Subject: RE: Contract renewal for FY 2018

Hi Kevin,

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MDHHS moved to an electronic grants management model several years ago. As your agency is set to finish spending on your current agreement, we would like to issue a new agreement, rather than amending the current grant, through our electronic grant system, EGrAMS. The system will allow you to enter in your Statement of Work and Budget, as well as complete reporting throughout the year.

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Thank you,
Laura

Laura A. Geist
Grants Section Manager
Bureau of Grants and Purchasing
Michigan Department of Health and Human Services
(517) 241-3932
GeistL1@michigan.gov

CONFIDENTIALITY NOTICE:

The information contained in this message may be privileged and confidential, and is intended only for use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, and may be subject to civil and/or criminal penalties. If you received this communication in error, please notify us immediately, delete it from your computer and destroy any copies of the original message. Thank you.

From: Kevin I. Bagatta, Esq [<mailto:ra-president@comcast.net>]
Sent: Friday, August 18, 2017 11:32 AM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>; Thomas A. Lang, Esq. (ra-operations@comcast.net) <ra-operations@comcast.net>
Cc: Geist, Laura (DHHS) <GeistL1@michigan.gov>
Subject: Re: Contract renewal for FY 2018

Thanks Quess!

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Friday, August 18, 2017 at 10:29 AM
To: "Kevin I. Bagatta, Esq." <ra-president@comcast.net>, "Thomas A. Lang" <ra-operations@comcast.net>
Cc: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>
Subject: RE: Contract renewal for FY 2018

Good morning Kevin,
Laura Geist from Contracts will soon be in touch with you regarding getting this coming year's contract in place. You'll recall that Laura is the person you worked with to get the current contract in place last winter. Please let me know if I can be of any further assistance.

I'm looking forward to meeting Tom at the site monitoring visit in Niles next month.

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Kevin Bagatta [<mailto:ra-president@comcast.net>]

Sent: Thursday, August 10, 2017 2:41 PM

To: Derman, Barbara (DHHS) <DermanB@michigan.gov>; Thomas A. Lang, Esq. (ra-operations@comcast.net) <ra-operations@comcast.net>

Subject: Re: Contract renewal for FY 2018

Hi Quess,

We have not been contacted by anyone about this coming year's renewal. THANK YOU for following -up! Who would be contacting us on this? Could you e-mail them to get the ball rolling?

Thanks,

Kevin

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>

Date: Thursday, August 10, 2017 at 1:48 PM

To: "Kevin I. Bagatta, Esq." <ra-president@comcast.net>, "Thomas A. Lang" <ra-operations@comcast.net>

Subject: Contract renewal for FY 2018

Hello Kevin,

I'm wondering if you have been in touch with Contracts, regarding this contract renewal. You'll recall we contracted this past year through September 30, 2017. So I'm thinking we need to get moving on the new contract year. I believe contracts is now trying to move all contracts to the EGrants system. That would ease the issues with reimbursement that we've had this year, since this is one of the very few programs not on the system.

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health

Michigan Department of Health and Human Services

109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913

Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968

DermanB@michigan.gov

From: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>

Date: Tuesday, September 5, 2017 at 10:19 AM

To: Thomas Lang <ra-operations@comcast.net>, "Derman, Barbara (DHHS)" <DermanB@michigan.gov>, "Kevin I. Bagatta" <ra-president@comcast.net>

Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Good morning, Tom,

It is my understanding that the new contract will only involve federal TANF funding.

Thank you,
Laura

Laura Geist
(517) 241-3932
GeistL1@michigan.gov

From: Thomas A. Lang, Esquire - Comcast [<mailto:ra-operations@comcast.net>]

Sent: Thursday, August 31, 2017 2:14 PM

To: Derman, Barbara (DHHS) <DermanB@michigan.gov>; Geist, Laura (DHHS) <GeistL1@michigan.gov>; Kevin I. Bagatta, Esquire (ra-president@comcast.net) <ra-president@comcast.net>

Subject: Re: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Laura -

So based on Quess' explanation, can you confirm that the new contract only involves federal funds?

Thank you!
Tom

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>

Date: Wednesday, August 30, 2017 at 3:59 PM

To: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>, Thomas Lang <ra-operations@comcast.net>, "Kevin I. Bagatta" <ra-president@comcast.net>

Subject: FW: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Laura,

If I could weigh in on Tom's question regarding federal vs non-federal funding and reporting expenditures on the FSR.

I believe this refers to an issue that won't apply with this contract going forward. Because the last amendment to the original contract included both carried over general funds and TANF funds allocated for FY2017, and were being paid based on submitted paper FSRs, Real Alternatives had adapted the Standard Financial Status Report form (DCH-0384(E)) to show a column for state funds and one for TANF funds in order to track that they had spent state funds before spending TANF funds. That caused confusion when they had completed "state funds" and were submitting expenditures for TANF funding portion of the contract. So that won't be an issue going forward, especially submitting through EGrAMS. (see the email chain below with Dallas Davis in accounting)

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913

Derman, Barbara (DHHS)

From: Thomas A. Lang, Esquire - Comcast <ra-operations@comcast.net>
Sent: Friday, September 22, 2017 4:13 PM
To: Geist, Laura (DHHS); Derman, Barbara (DHHS)
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net)
Subject: Re: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Laura -

Thank you for those explanations. What is the next step in moving forward with the new contract?

Thank you!
Tom

From: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>
Date: Wednesday, September 20, 2017 at 11:18 AM
To: Thomas Lang <ra-operations@comcast.net>, "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Cc: "Kevin I. Bagatta" <ra-president@comcast.net>
Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Hi Tom,

- 1) The new terminology used by MDHHS was established to be in line with changes at the federal level regarding 2 CFR 200. Your current agreement is old enough that the super circular did not exist when it was established. Contractor now has a defined federal meaning, and we are referring to agencies who hold grant agreements as Grantees to make that distinction. MDHHS implemented that change in FY 2016.
- 2) If your agency is mentioning MDHHS or the fact that funding is received in any publication, you need to have authorization to do so from the MDHHS communication office. If MDHHS is not mentioned in your press releases and other communications, the section does not apply.

Ownership rights of your proprietary software and programming are still within your agency's purview. That has not changed. Again, MDHHS should not be mentioned in any communication about the RAPID system without MDHHS communications approval. We can add the language regarding RAPID to an Attachment E within the agreement.

- 3) If your CPA has identified that these workers are not subrecipients, the terms do not apply to the Service Providers. Again, subrecipient and subcontractor are federally defined. A CPA would be able to make the best determination on the distinction. The section does still apply if Real Alternatives enters into a relationship with an organization meeting the definition of subrecipient under the auspices of this agreement.
- 4) Mandatory Disclosures apply to Real Alternatives as an agency, as well as any subcontractor or officer or director of either Real Alternatives or its subcontractors. This is agency-wide and not specific to your work in Michigan. Should any of the items noted under Mandatory Disclosures occur, it is the obligation of your agency to disclose to MDHHS. The items listed are at issue, and Right To Know is not part of the list included.
- 5) We can add an Attachment E to the agreement noted the alternative deadlines. The language in the body of the agreement cannot be changed, but an Attachment will supersede the agreement.

- 6) The EGrAMS system requires grant goals with objectives and activities. Your agency is required to follow the format within the EGrAMS system (mirroring page 23 of 30). Your agency will need to enter the work statement based on the system format. This is the MDHHS standard and cannot be modified. I am glad to assist your agency with fitting the current work statement into the EGrAMS format.
- 7) The EGrAMS system requires the budget to be entered directly into the system. Your agency is required to enter the budget based on the EGrAMS system format (mirroring page 24 – 25). Your agency will need to enter budget information based on the system format. This is the MDHHS standard and cannot be modified. I am glad to assist your agency with fitting the current budget into the EGrAMS format.

Thank you,
Laura

Laura Geist
(517) 241-3932
GeistL1@michigan.gov

From: Thomas A. Lang, Esquire - Comcast [<mailto:ra-operations@comcast.net>]
Sent: Tuesday, September 12, 2017 5:31 PM
To: Geist, Laura (DHHS) <GeistL1@michigan.gov>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net) <ra-president@comcast.net>
Subject: Re: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017
Importance: High

Laura -

Thank you for that clarification! We can now provide you with our additional questions about the proposed new Grant terms.

1. In the current Grant Agreement Real Alternatives (“RA”) is referred to as the “Contractor,” but the new terms refer to RA as the “Grantee.” Is there a reason for the change?
2. In paragraphs 3 and 5 on Page 4 of 30, there are references to “prior written authorization” that RA must obtain for certain things. What does MDHHS have in mind in that regard? What is the scope? For example, RA often puts out Press Releases on the amount of clients, visits, and related information at certain points in time. We’ve never had to obtain prior written approval in any state for such communications. Are we correct that nothing is changing in this regard?

In addition, the paragraph 5 that is in our current Michigan Grant will also have to be added as follows:

"The parties understand and agree that deliverables under this grant agreement do not include the Real Alternatives Program and Instructional Design (RAPID) System. RAPID includes the following copyrighted, trade secret, and proprietary materials and information: all software, documents, forms, checklists, staff training materials, service provider materials, billing systems, and program management tools designed to administer the Michigan Pregnancy and Parenting Support Services Program, including procedures, reports, and accounting manuals. It is further agreed and understood that the RAPID System materials are specifically not included in the agreement's Scope of Work. The RAPID System includes copyrighted, trade secret, and proprietary materials and information which belong to and shall remain the exclusive property of Real Alternatives, and is exempted and excluded from this Publication Rights section."

3. With regard to section H. on Page 7 of 30, we believe that it doesn't apply to RA since our Service Providers are not "subrecipients," but instead are vendors/subcontractors. It has been made certain to us by our Certified Public Accountants and is the case in all other states that, with regard to federal funds, the state agency is the "recipient" of those funds, RA is a "subrecipient," and RA's Service Providers are vendors/subcontractors. Please confirm that this is MDHHS' understanding also.

4. With regard to section L. on Page 8 of 30, we believe this language applies to activities in the Michigan Grant. For example, a Right To Know Request received in a state other than Michigan would not be caught up by this paragraph?

5. With regard to the new section M. on Page 9 of 30, the proposed timeframe is not possible. We close each prior month on the 20th day of the subsequent month. Our current Michigan Grant (see Attachment "C") and our other states' agreements provide us with 45 days after the close of a quarter to submit the Quarterly Report. We are requesting that identical period of time.

6. With regard to Attachment A on Page 23 of 30, we plan on utilizing our current Grant Goals format agreed to in our current Michigan Grant. Kindly indicate your agreement with this. (see proposed Attachment C, paragraph B for this permission)

7. With regard to Attachment B on Page 24 of 30 (Program Budget Summary), we plan on using the current format agreed to in our current Michigan Grant. Kindly also indicate your agreement with this.

Thank you!

Tom

Derman, Barbara (DHHS)

From: Geist, Laura (DHHS)
Sent: Saturday, September 23, 2017 11:58 AM
To: Thomas A. Lang, Esquire - Comcast; Derman, Barbara (DHHS)
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net)
Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017
Attachments: STND_Grant Training.pdf

Hi Tom,

We will release the grant in the EGrAMS system. Early next week, individuals from your agency (at a minimum, you and Kevin) should create user profiles. Once profiles are created, your agency can work on filling out the "application." We refer to this as an application, though it is truly the mechanism for creation and transfer of the statement of work and budget documents needed for your grant agreement.

I can assist your agency with entry of information into the statement of work and budget. Based on your original Attachment A, I believe I can enter information for the statement of work for your review. Because the dollar amount is different again this year, I do need your assistance with crafting the budget.

Again, I am glad to walk you through the process. Once the necessary statement of work and budget are entered, Kevin will be able to submit the "application" materials. Hopefully, we can complete all of the necessary steps by Thursday next week. This will allow us enough time to review and execute the agreement on Friday.

I have attached to this email a copy of the EGrAMS user manual. Instructions for creating user profiles can be found on pages 7 – 8. If you and Kevin can create profiles on Monday, I believe we can move through the process expeditiously.

Thank you,
Laura

Laura Geist
(517) 241-3932
GeistL1@michigan.gov

From: Thomas A. Lang, Esquire - Comcast [mailto:ra-operations@comcast.net]
Sent: Friday, September 22, 2017 4:13 PM
To: Geist, Laura (DHHS) <GeistL1@michigan.gov>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net) <ra-president@comcast.net>
Subject: Re: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Laura -

Thank you for those explanations. What is the next step in moving forward with the new contract?

Thank you!
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Subject: Re: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017
Importance: High

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Thank you!

Tom

From: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>

Date: Tuesday, September 5, 2017 at 10:19 AM

To: Thomas Lang <ra-operations@comcast.net>, "Derman, Barbara (DHHS)" <DermanB@michigan.gov>, "Kevin I. Bagatta" <ra-president@comcast.net>

Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Good morning, Tom,

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Thank you,
Laura

Laura Geist
(517) 241-3932
GeistL1@michigan.gov

From: Thomas A. Lang, Esquire - Comcast [<mailto:ra-operations@comcast.net>]

Sent: Thursday, August 31, 2017 2:14 PM

To: Derman, Barbara (DHHS) <DermanB@michigan.gov>; Geist, Laura (DHHS) <GeistL1@michigan.gov>; Kevin I. Bagatta, Esquire (ra-president@comcast.net) <ra-president@comcast.net>

Subject: Re: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Laura -

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Thank you!
Tom

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>

Date: Wednesday, August 30, 2017 at 3:59 PM

To: "Geist, Laura (DHHS)" <GeistL1@michigan.gov>, Thomas Lang <ra-operations@comcast.net>, "Kevin I. Bagatta" <ra-president@comcast.net>

Subject: FW: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Laura,

If I could weigh in on Tom's question regarding federal vs non-federal funding and reporting expenditures on the FSR.

I believe this refers to an issue that won't apply with this contract going forward. Because the last amendment to the original contract included both carried over general funds and TANF funds allocated for FY2017, and were being paid based on submitted paper FSRs, Real Alternatives had adapted the Standard Financial Status Report form (DCH-0384(E)) to show a column for state funds and one for TANF funds in order to track that they had spent state funds before spending TANF funds. That caused confusion when they had completed "state funds" and were submitting expenditures for TANF funding portion of the contract. So that won't be an issue going forward, especially submitting through EGrAMS. (see the email chain below with Dallas Davis in accounting)

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913

Derman, Barbara (DHHS)

From: Geist, Laura (DHHS)
Sent: Tuesday, September 26, 2017 10:32 AM
To: Thomas A. Lang, Esquire - Comcast; Derman, Barbara (DHHS)
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net)
Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Hi Tom and Kevin,

Just following up to see if you had an opportunity to create EGrAMS user profiles. I could create them for you, if needed, but I would need some information from you to set up a security question/answer.

Thanks,
Laura

Laura Geist
(517) 241-3932
GeistL1@michigan.gov

From: Geist, Laura (DHHS)
Sent: Saturday, September 23, 2017 11:58 AM
To: 'Thomas A. Lang, Esquire - Comcast' <ra-operations@comcast.net>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net) <ra-president@comcast.net>
Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Hi Tom,

We will release the grant in the EGrAMS system. Early next week, individuals from your agency (at a minimum, you and Kevin) should create user profiles. Once profiles are created, your agency can work on filling out the "application." We refer to this as an application, though it is truly the mechanism for creation and transfer of the statement of work and budget documents needed for your grant agreement.

I can assist your agency with entry of information into the statement of work and budget. Based on your original Attachment A, I believe I can enter information for the statement of work for your review. Because the dollar amount is different again this year, I do need your assistance with crafting the budget.

Again, I am glad to walk you through the process. Once the necessary statement of work and budget are entered, Kevin will be able to submit the "application" materials. Hopefully, we can complete all of the necessary steps by Thursday next week. This will allow us enough time to review and execute the agreement on Friday.

I have attached to this email a copy of the EGrAMS user manual. Instructions for creating user profiles can be found on pages 7 – 8. If you and Kevin can create profiles on Monday, I believe we can move through the process expeditiously.

Thank you,
Laura

Derman, Barbara (DHHS)

From: Derman, Barbara (DHHS)
Sent: Tuesday, September 26, 2017 10:48 AM
To: Geist, Laura (DHHS)
Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Thanks for keeping me in the loop on this Laura. Please let me know if I can help in any way.

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Geist, Laura (DHHS)
Sent: Tuesday, September 26, 2017 10:32 AM
To: Thomas A. Lang, Esquire - Comcast <ra-operations@comcast.net>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net) <ra-president@comcast.net>
Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Hi Tom and Kevin,

Just following up to see if you had an opportunity to create EGrAMS user profiles. I could create them for you, if needed, but I would need some information from you to set up a security question/answer.

Thanks,
Laura

Laura Geist
(517) 241-3932
GeistL1@michigan.gov

From: Geist, Laura (DHHS)
Sent: Saturday, September 23, 2017 11:58 AM
To: 'Thomas A. Lang, Esquire - Comcast' <ra-operations@comcast.net>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Kevin I. Bagatta, Esquire (ra-president@comcast.net) <ra-president@comcast.net>
Subject: RE: Real Alternatives Michigan Preg and Parenting Support Svcs Program Expenses for May 2017

Hi Tom,

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Derman, Barbara (DHHS)

From: Derman, Barbara (DHHS)
Sent: Wednesday, September 27, 2017 10:24 AM
To: Geist, Laura (DHHS)
Subject: FW: Real Alternatives Michigan Pregnancy and Parenting Support Svcs Program Expenses for Aug-17
Attachments: MDCH Expenses August 2017.pdf

Hi Laura,

Just wanted to share with you the most recent expense statement from Real Alternatives, with a balance of \$100,663 as of the end of August

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Cliff [mailto:ra-finance@comcast.net]
Sent: Wednesday, September 27, 2017 9:47 AM
To: FSRMDHHS <FSRMDHHS@michigan.gov>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Tom Lang <ra-operations@comcast.net>
Subject: Real Alternatives Michigan Pregnancy and Parenting Support Svcs Program Expenses for Aug-17

Ms. Derman,

Please see attached Real Alternatives Michigan Pregnancy and Parenting Support Services Program expenses for August 2017.

Best Regards,
Cliff McKeown

Derman, Barbara (DHHS)

From: Derman, Barbara (DHHS)
Sent: Wednesday, September 27, 2017 10:25 AM
To: Cliff; FSRMDHHS
Cc: Tom Lang
Subject: RE: Real Alternatives Michigan Pregnancy and Parenting Support Svcs Program Expenses for Aug-17

Thanks Cliff, I'll get this off to accounting today

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Cliff [mailto:ra-finance@comcast.net]
Sent: Wednesday, September 27, 2017 9:47 AM
To: FSRMDHHS <FSRMDHHS@michigan.gov>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Tom Lang <ra-operations@comcast.net>
Subject: Real Alternatives Michigan Pregnancy and Parenting Support Svcs Program Expenses for Aug-17

Ms. Derman,
Please see attached Real Alternatives Michigan Pregnancy and Parenting Support Services Program expenses for August 2017.
Best Regards,
Cliff McKeown

Derman, Barbara (DHHS)

From: Derman, Barbara (DHHS)
Sent: Wednesday, September 27, 2017 12:03 PM
To: FSRMDHHS; Davis, Dallas (DHHS)
Subject: Real Alternatives FSR for August 2017
Attachments: 9.27.17 Financial Status Report.pdf

Attached is the FSR for Real Alternatives for August. Thanks

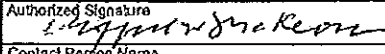
Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

FINANCIAL STATUS REPORT
Michigan Department of Community Health

Local Agency Name Real Alternatives Street Address 7810 Allentown Blvd, Ste 304 City, State, ZIP Code Harrisburg PA 17112		Contract Number 20142043 Program MI Pregnancy & Parenting Support Services Report Period 1-Aug-17 Thru 31-Aug-17 <input type="checkbox"/> Final Agreement Period 1-Oct-13 Thru 30-Sep-17		Page 1 Of 1 Code Date Prepared 9/26/17 FEID Number 23-2868660	
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Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries and Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies and Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
Administrative Expenses	9,411.67	211,750.74	224,798.00	13,047.26
Services Expenses	59,192.74	1,637,585.85	1,725,202.00	87,616.15
8. TOTAL DIRECT	68,604.41	1,849,336.59	1,950,000.00	100,663.41
9a. Indirect Costs Rate #1: %				
9b. Indirect Costs Rate #2: %				
10. TOTAL EXPENDITURES	68,604.41	1,849,336.59	1,950,000.00	100,663.41
SOURCE OF FUNDS:				
11. State Agreement	68,604.41	1,849,336.59	1,950,000.00	100,663.41
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING	68,604.41	1,849,336.59	1,950,000.00	100,663.41

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature 	Date 9/26/17	Title Vice President - Administration Telephone Number 717.541.7833
Contact Person Name Clifford W. McKeown		

FOR STATE OFFICE USE ONLY

Advance	INDEX	PCA	DBJ CODE	AMOUNT
Advance Outstanding				
Advance Issued or Applied				
Balance				

Message:

Authority: P.A. 308 of 1978 Completion: is a condition of Reimbursement	The Department of Community Health is an equal opportunity, employer, services, and programs provider.
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DCH-0384(E) (Rev. 4/04) (Excel) Previous Edition Obsolete

Reviewed & Approved
Barbara B. Neum
 9/27/2017

Actual Administrative Expenses
Michigan: Fiscal Years 2013-2017[illegible]

Cost Category	FY 13-14 Revised Budget	FY 13-14 Budgeted Dollars	Current Budget MOCHA-Budget	Add'l Budget MOCHA-TANF Budget	Total Budget State & TANF	State Funds July 2016 - July 2017 YTD	State Funds August 2017	TANF Funds August 2017	State Funds Aug 2016 - Aug 2017 YTD	\$50,000 Remaining State Budget FY 13-15	\$50,000 Remaining TANF Budget	Remaining Budget	\$400,000
Personnel	37,041.13	14,999.32	37,041.13	12,405.00	55,446.13	55,446.13	55,446.13	55,446.13	55,446.13	55,446.13	55,446.13	55,446.13	55,446.13
Vice President	3,096.71	3,000.29	3,096.71	1,850.00	11,800.00	11,800.00	11,800.00	11,800.00	11,800.00	11,800.00	11,800.00	11,800.00	11,800.00
Services Coordinator	863.45	800.00	863.45	4,878.00	6,200.00	6,200.00	6,200.00	6,200.00	6,200.00	6,200.00	6,200.00	6,200.00	6,200.00
Services Assistant	5,746.39	5,002.81	5,746.39	10,740.00	17,800.00	17,800.00	17,800.00	17,800.00	17,800.00	17,800.00	17,800.00	17,800.00	17,800.00
Service Provider Approval	4,306.00	5,002.81	4,306.00	7,037.00	7,037.00	7,037.00	7,037.00	7,037.00	7,037.00	7,037.00	7,037.00	7,037.00	7,037.00
Billing Coordinator	6,933.20	2,997.50	6,933.20	9,431.00	14,868.20	14,868.20	14,868.20	14,868.20	14,868.20	14,868.20	14,868.20	14,868.20	14,868.20
Service Provider Monitoring	553.24	1,000.46	553.24	410.00	1,963.00	1,963.00	1,963.00	1,963.00	1,963.00	1,963.00	1,963.00	1,963.00	1,963.00
Hotline Counselor	3,751.70	2,750.22	3,751.70	1,715.00	8,217.00	8,217.00	8,217.00	8,217.00	8,217.00	8,217.00	8,217.00	8,217.00	8,217.00
Accused, Victim & Risk	107.22	338.00	107.22	89.00	347.00	347.00	347.00	347.00	347.00	347.00	347.00	347.00	347.00
Payroll Taxes	1,233.04	1,250.06	1,233.04	851.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00
Workers Compensation Insurance	8,233.54	4,929.46	8,233.54	3,457.00	16,710.00	16,710.00	16,710.00	16,710.00	16,710.00	16,710.00	16,710.00	16,710.00	16,710.00
Pension													
Employee Group Insurance													
Total Personnel	67,152.62	49,126.52	67,152.62	38,234.00	105,386.62	105,386.62	105,386.62	105,386.62	105,386.62	105,386.62	105,386.62	105,386.62	105,386.62
Operating	6,612.31	90,929.69	103,642.00	15,000.00	121,642.00	121,642.00	121,642.00	121,642.00	121,642.00	121,642.00	121,642.00	121,642.00	121,642.00
Client Education Materials	24,098.13	106,898.87	254,008.00	1,378.00	265,731.00	265,731.00	265,731.00	265,731.00	265,731.00	265,731.00	265,731.00	265,731.00	265,731.00
Mentoring/Facilitators	2,051.04	5,000.38	8,962.00	2,121.00	10,213.00	10,213.00	10,213.00	10,213.00	10,213.00	10,213.00	10,213.00	10,213.00	10,213.00
Travel	2,402.04	10,000.00	24,002.00	6,200.00	30,202.00	30,202.00	30,202.00	30,202.00	30,202.00	30,202.00	30,202.00	30,202.00	30,202.00
Services Database Consulting & Buy	377,700.64	400,350.38	874,140.00	270,630.00	1,144,770.00	1,144,770.00	1,144,770.00	1,144,770.00	1,144,770.00	1,144,770.00	1,144,770.00	1,144,770.00	1,144,770.00
Client Services	52.59	496.41	1,055.00	278.00	1,331.00	1,331.00	1,331.00	1,331.00	1,331.00	1,331.00	1,331.00	1,331.00	1,331.00
Hotline Referral System													
Contract Counselor Cost													
Total Operating	256,232.22	250,649.25	1,253,186.00	330,468.00									

Derman, Barbara (DHHS)

From: Thomas Lang - Exchange <VPofOperations@realalternatives.org> on behalf of Thomas A. Lang, Esquire - Comcast <ra-operations@comcast.net>
Sent: Thursday, October 05, 2017 5:14 PM
To: FSRMDHHS; Derman, Barbara (DHHS)
Cc: Cliff
Subject: Re: Real Alternatives Michigan Pregnancy and Parenting Support Svcs Program Expenses for Aug-17

Teresa -

Thank you for this information. However, we have Service Provider organizations who are asking us for further details as to why they will not be paid for a full quarter+ of services rendered until "mid to late November."

I need to be able to provide them with additional information as to why this is occurring so that they can properly inform their respective Boards, and try to plan accordingly to make it through this abnormal delay.

I therefore thank you in advance for any further information you might be able to provide to me.

Thank you!
Tom

From: FSRMDHHS <FSRMDHHS@michigan.gov>
Date: Monday, October 2, 2017 at 6:53 AM
To: "Clifford W. McKeown" <ra-finance@comcast.net>, FSRMDHHS <FSRMDHHS@michigan.gov>, "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Cc: Thomas Lang <ra-operations@comcast.net>
Subject: RE: Real Alternatives Michigan Pregnancy and Parenting Support Svcs Program Expenses for Aug-17

FYI - The last payments before Closing were made 9/22. It will be mid to late November before Payments will be going out again. Teresa

From: Cliff [mailto:ra-finance@comcast.net]
Sent: Wednesday, September 27, 2017 9:47 AM
To: FSRMDHHS <FSRMDHHS@michigan.gov>; Derman, Barbara (DHHS) <DermanB@michigan.gov>
Cc: Tom Lang <ra-operations@comcast.net>
Subject: Real Alternatives Michigan Pregnancy and Parenting Support Svcs Program Expenses for Aug-17

Ms. Derman,
Please see attached Real Alternatives Michigan Pregnancy and Parenting Support Services Program expenses for August 2017.
Best Regards,
Cliff McKeown

Derman, Barbara (DHHS)

From: Derman, Barbara (DHHS)
Sent: Thursday, October 19, 2017 10:34 AM
To: Dunbar, Paulette Dobynes (DHHS)
Subject: FW: Real Alternatives has submitted!

Paulette,
I have approved this contract in EGrAMS from the program approval. According to Laura Geist you are next to approve in the system. Thanks

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Geist, Laura (DHHS)
Sent: Wednesday, October 18, 2017 4:03 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: Real Alternatives has submitted!

Hi Quess,

Real Alternatives has finally submitted the application in EGrAMS. Can you log in and approve? You should see it in your pending tasks when you log in.

Thank you!
Laura

Laura A. Geist
Grants Section Manager
Bureau of Grants and Purchasing
Michigan Department of Health and Human Services
(517) 241-3932
GeistL1@michigan.gov

CONFIDENTIALITY NOTICE:

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Derman, Barbara (DHHS)

From: Derman, Barbara (DHHS)
Sent: Wednesday, October 18, 2017 4:08 PM
To: Geist, Laura (DHHS)
Subject: RE: Real Alternatives has submitted!

Yes, will do. It's been a long time since I used EGrAMS, so might take me a minute... I'm so glad you are doing a new training on EGrAMS...I signed up immediately☺

Barbara (Quess) Derman, MSW
Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Geist, Laura (DHHS)
Sent: Wednesday, October 18, 2017 4:03 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: Real Alternatives has submitted!

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Thank you!
Laura

Laura A. Geist
Grants Section Manager
Bureau of Grants and Purchasing
Michigan Department of Health and Human Services
(517) 241-3932
GeistL1@michigan.gov

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Derman, Barbara (DHHS)

From: Derman, Barbara (DHHS)
Sent: Monday, October 23, 2017 4:01 PM
To: Taylor, Lucie (DHHS)
Subject: RE: Real Alternatives

I think it's call Michigan Pregnancy and Parenting Support Services

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Taylor, Lucie (DHHS)
Sent: Monday, October 23, 2017 2:32 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: Real Alternatives

What is the program and project name for this in Egrants.. I can't find it.

Derman, Barbara (DHHS)

From: Thomas A. Lang, Esquire - Comcast <ra-operations@comcast.net>
Sent: Monday, October 23, 2017 4:39 PM
To: Derman, Barbara (DHHS)
Subject: Re: Request

Thank you!

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Monday, October 23, 2017 at 4:22 PM
To: Thomas Lang <ra-operations@comcast.net>
Subject: RE: Request

Yes, I saw it and did my level approval last week, on Thursday I think

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Thomas A. Lang, Esquire - Comcast [<mailto:ra-operations@comcast.net>]
Sent: Monday, October 23, 2017 4:16 PM
To: Derman, Barbara (DHHS) <DermanB@michigan.gov>
Subject: Re: Request

Quess -

Yes, she got back to me on Friday and we got the contract Application submitted. Its now in the long approval process.

Thank you!
Tom

From: "Derman, Barbara (DHHS)" <DermanB@michigan.gov>
Date: Monday, October 23, 2017 at 4:04 PM
To: Thomas Lang <ra-operations@comcast.net>
Subject: RE: Request

Have you gotten through to Laura? Just following up

Barbara (Quess) Derman, MSW

Public Health Consultant, Reproductive & Preconception Health
Michigan Department of Health and Human Services
109 W. Michigan Ave, 3rd Floor, Lansing, Michigan 48913
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968
DermanB@michigan.gov

From: Thomas A. Lang, Esquire - Comcast [<mailto:ra-operations@comcast.net>]

Sent: Wednesday, October 18, 2017 2:04 PM

To: Derman, Barbara (DHHS) <DermanB@michigan.gov>

Subject: Request

Importance: High

Barbara -

Would you be so kind as to get a message to Laura Geist internally that none of our emails are getting through to her. In addition, I've tried faxing copies of my emails to her but I have no indication that she's received them either.

Thank you!

Tom